

SECRET

FILE TITLE/NUMBER/VOLUME: Coxin, Lucin

INCLUSIVE DATES: 11 Dec 53 - 13 Jan 76

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

[illegible]

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

ARATHI Arthur R.

1940

Contract Service -

Date	Action	Compensation	GS Equivalent
	Former Military Detachee to Agency. Retired Reserve Officer Contract Employee		
12 Nov 61	Hired as a Career Agent with Civil Service Retirement, LPAs and PSIs,	11,415	GS-13/4
14 Oct 62	LPA	12,245	GS-13/4
28 Apr 63	Pay increase	13,270	GS-14/2
5 Jan 64	LPA	14,065	GS-14/2
26 Apr 64	PSI	14,515	GS-14/3
5 July 64	LPA	15,150	GS-14/3
25 Apr 64	PSI	15,640	GS-14/4
10 Oct 65	LPA	16,204	GS-14/4
3 July 66	LPA	16,675	GS-14/4
8 Oct 67	LPA	17,425	GS-14/4
9 Jan 68	Contract Terminated	17,425	GS-14/4
10 Jan 68	Contract Employee with Civil Service Retirement, LPAs and PSIs,	17,425	GS-14/4
14 Jul 68	LPA	18,641	GS-14/4
15 Jul 68	Contract Terminated	18,641	GS-14/4

SECRET

CLASS B-120

[Redacted]

Job 69 731 top 10

13 JAN 1976

CI 055-76

Filing

MEMORANDUM FOR: Director of Personnel

SUBJECT

[Redacted]

[Redacted]

2. Although the personnel listed in the attachment are no longer employed by CIA, nevertheless, I suggest that their official personnel records should be documented

[Redacted]

3. Please coordinate any action connected with this memorandum with Chief, CCS; Chief, CMG; and Chief, CI Staff.

[Redacted]

Attachment: n/s

SECRET

CLASSIFIED BY 0101310

25 January 1974

Drug Enforcement Agency
Office of Personnel
Technical Support Section
1405 I Street, N. W.
Washington, D. C. 20537

Attention:

Dear

In response to the request from your office of 16 January, the following is a transcript of the employment of LUCIEN E. CONEIN:

<u>Date</u>	<u>Action</u>	<u>Salary</u>
12 Nov 61	Contract Employee with Civil Service Retirement, Legislative Pay Adjustments and Periodic Step Increases	\$11,415 (GS-13/4 eq.)
14 Oct 62	Legislative Pay Adjustment	\$12,245 (GS-13/4 eq.)
28 Apr 63	Pay Increase	\$13,270 (GS-14/2 eq.)
5 Jan 64	Legislative Pay Adjustment	\$14,065 (GS-14/2 eq.)
26 Apr 64	Periodic Step Increase	\$14,515 (GS-14/3 eq.)
5 July 64	Legislative Pay Adjustment	\$15,150 (GS-14/3 eq.)
25 Apr 64	Periodic Step Increase	\$15,640 (GS-14/4 eq.)
19 Oct 65	Legislative Pay Adjustment	\$16,204 (GS-14/4 eq.)
3 July 66	Legislative Pay Adjustment	\$16,675 (GS-14/4 eq.)
8 Oct 67	Legislative Pay Adjustment	\$17,425 (GS-14/4 eq.)
14 July 68	Legislative Pay Adjustment	\$18,641 (GS-14/4 eq.)
15 July 68	Contract Terminated	\$18,641 (GS-14/4 eq.)

Attached is Standard Forms 175 and 1150. There is no record of Standard Forms 2809 and 2810. Perhaps his military retirement obviated the need for health insurance.

Sincerely,

Roger Fowler
Personnel Officer

Attachments



UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
Washington, D.C. 20537

Ref 74-229

Jan. 16, 1974

Mr. John F. Blake
Director of Personnel
Central Intelligence Agency
Washington, D.C. 20505

Re: Lucien E. Conein, [redacted]
[redacted]

Dear Mr. Blake:

An official transcript of service is requested for Mr. Conein, an employee with this agency. Mr. Conein was employed with your agency from November 22, 1961 to July 15, 1968. Request Standard Form 176, 1150, 2809 and 2810 be forwarded to Drug Enforcement Administration, Office of Personnel, Technical Support Section, Attn: Mary Elliott, 1475 K Street, N.W., Washington, D.C. 20537.

Enclosed is a Standard Form 30 showing Mr. Conein's employment with this Agency.

Thank you for your cooperation in this matter.

Sincerely yours,

James K. Ballard
James K. Ballard
Personnel Director

Enclosure
AS

0150
14-11701

NOTIFICATION OF PERSONNEL ACTION



United States
Department

EMPLOYEE: Keep this document for your records. It is your copy of the official record of a personnel action affecting your employment. It should be kept in your file for the attention of your supervisor or your personnel officer. See the instructions on the reverse.

1. NAME (LAST, FIRST, MIDDLE) CONTEIN, LUCIEN EMILE				2. SEX AND MARITAL STATUS MR		3. DATE OF BIRTH		4. SOCIAL SECURITY NUMBER	
5. VETERAN PREVIOUSLY 1. YES 2. NO		6. TENURE GROUP 1. 10 PT. DISABILITY 2. 10 PT. OTHER		7. SERVICE COMP. DATE		8. HANDICAP CODE			
9. REG. EMP.		10. RETIREMENT 1. CS 2. FICA		11. (For CSC use) 3. FS 4. NOFB 5. OTHER		12. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
13. NATURE OF ACTION CSA				14. EFFECTIVE DATE		15. PAY PLAN AND OCCUPATION CODE			
16. NAME AND LOCATION OF EMPLOYING OFFICE				17. GRADE OR LEVEL AND RATE		18. SALARY			
19. NAME AND LOCATION OF EMPLOYING OFFICE				20. PAY PLAN AND OCCUPATION CODE		21. GRADE OR LEVEL AND RATE		22. SALARY	
23. NAME AND LOCATION OF EMPLOYING OFFICE				24. PAY PLAN AND OCCUPATION CODE		25. GRADE OR LEVEL AND RATE		26. SALARY	
27. DATE OF ACTION				28. LOCATION CODE		29. APPROPRIATE AGENCY			
30. REMARKS				31. POSITION OCCUPIED		32. APPROPRIATE AGENCY		33. STATE	

Please Forward Official TRANSCRIPT
Letter and S.F. 1100 to:
BUREAU OF PERSONNEL ADMINISTRATION
Personnel Management Division
1505 I Street, N.W.
Washington, D.C. 20037
ATTN: MARY ELIOTT ROOMS01

1584
9 OCT 1973

Mr. James Ballard
Acting Director of Personnel
Drug Enforcement Agency
1405 I Street, N. W.
Washington, D. C. 20537

Dear Mr. Ballard:

This is to certify that Mr. Lucien E. Conoin was employed by this Agency in a civilian capacity from 12 November 1961 to 15 July 1968, at which time he retired on disability under the Civil Service Retirement Act. He left under honorable circumstances.

Sincerely,

/s/ John F. Blaise
John F. Blaise
Director of Personnel

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - DEAB Subject File
- 1 - DEAB Chrono

OP/RAD/DEAB/FGJarema:kr (4 October 1973)

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL	CONFIDENTIAL	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/RAD		
2			
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<p>Remarks:</p> <p>Per would like you to verify service. He was obviously for more time than indicated, only aware of me. Certifying the all of it. He was aware of what he had too D&A?</p> <p style="text-align: center;">B</p>			
FOLD HERE TO RETURN TO SENDER			
FROM NAME ADDRESS AND PHONE NO		DATE	
5-10-71		02 OCT 1973	
UNCLASSIFIED		CONFIDENTIAL	
		SECRET	

FORM NO 237 Use previous editions

(140)

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL	CONFIDENTIAL	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/RAD		
2			
3	DD/Per/SP	05 OCT 1973	B
4	DD/Per-		
5	See Day's note attached		
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<p>Remarks:</p> <p>Ben- Attached is a rewrite of the Curran memo. Also an explanatory note re his prior service.</p> <p style="text-align: right;">Jung</p>			
FOLD HERE TO RETURN TO SENDER			
FROM NAME ADDRESS AND PHONE NO		DATE	
C/EEAB 202 Magazine #3295			
UNCLASSIFIED		CONFIDENTIAL	
		SECRET	

FORM NO 237 Use previous editions

(140)

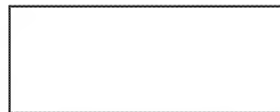
4 October 1973

Ron -

Conein was in U.S. military from September 1941 through September 1961, and on detail to OSS, SSU, CIG, and CIA to time of military retirement.

He was picked up as a civilian and as a career agent on 12 November 1961 and retired on disability on 15 July 1968.

[redacted] advised that subject claims military service as indicated above and that the only period to be certified is the period as a civilian, November '61 to July '68. This all we know about what Conein told DEA.



Distribution:

- 0 - C/RAD
- 1 - EEAB Memo file
- 1 - EEAB Chrono

OP/RAD/EEAB/FG(arenaw:pig (4 October 1973)

Mr Janney

Mr Blake

1 OCT 1973 OCT 1973

Because of the publicity this man has recieved I suggest you touch base on the phone with Howard Osborn.

RDK

Verify Service +
info to her file
DEA

10/29/73
JIP.

SENDER WILL CHG		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED		CONFIDENTIAL	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Pers/SP	01 OCT 1973	(B)
2	D/Pers		
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
Remarks:			
Luke Conein has applied for employment with the Drug Enforcement Agency. The Acting D/Pers asked for the attached info from CIA.			
Sent to D/Pers for signature. Conein was very controversial, much in the news about the overthrow of Ngo Dinh Diem and has been mentioned by Howard Hunt in Hunt's recent hearing before "Watergate" committee.			
K6			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
C/RAD, 212 Magazine Bldg. x3328			9/29/73
UNCLASSIFIED		CONFIDENTIAL	

28 September 1973

Ben -

[redacted] x 7264, one of the Agency's drug coordinators with DEA, called me yesterday afternoon. DEA had requested a memo verifying employment of Mr. Lucien E. Conein, whose name has appeared frequently during the Watergate hearings. The attached memorandum is what Archenhold wants.

Conein's service was verified with ROB; his "honorable service" was cleared with SAS. [redacted] I discussed the case with [redacted] Conein last year and [redacted] approved release of the information to DEA. We had verified this service to a Justice Department investigator approximately one year ago when Conein was being considered as a consultant for BNDD.

[redacted] offered to carry the memorandum to DEA.

[redacted]

1. LAST NAME 2. FIRST NAME 3. INITIALS		4. DATE AND NATURE OF SEPARATION 5. END DATE 1500 7/15/68		6. APPROPRIATE DATA 7. Subject to Sec. 203(d) 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/>		8. TOTAL SERVICE FOR LEAVE 9. Years _____ Months _____ Days _____	
10. SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				11. SUMMARY OF HOME LEAVE (DAYS)		12. REMARKS	
13. Balance from prior leave year ended 1/13 14. Current leave year accrual through 7/13 15. Total 16. Reduction in credits, if any (current year) 17. Total leave taken 18. Balance		19. Annual 360 20. Sick 210 21. 104 22. 262 23. 0 24. 104 25. 360		26. Date arrival abroad for HA purposes 7/29/65 27. Current balance as of 9/29 19 67 0 28. 12 month accrual rate 15 days 29. Dates leave used, prior 24 months 30. Monthly accrual date 31. Calendar days credit for next accrual date 10 32. Date basic service period completed 7/29/67 33. MILITARY LEAVE 34. Dates during current calendar yr to 35. Dates during preceding calendar yr to 36. ABSENCE WITHOUT PAY 37. During leave year in which separated 38. During step increase waiting period which began on 39. During 12 month HA accrual period (dates)		SCD 11/2/41 40. AWP or Furlough or Suspension (Hours) 41. 0 42. 0	
43. Total hours paid in lump sum 360 hr plus 1 Holiday 44. Salary rate(s) 18,641 45. Lump sum leave dates From 1500 7/15/68 to 9/17/68 1500 (Hours)				46. Certified correct by: [Signature] 7/25/68 (Date) 47. AUTH. CERT. OFFICER (Title) 48. (Telephone)			

Standard Form 1150
November 1963
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
PPM SUPPLEMENTS 296-31 AND 990-2

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) _____ (first) _____ (middle) _____	DATE OF BIRTH (month, day, year) _____	SOCIAL SECURITY NUMBER _____
EMPLOYING DEPARTMENT OR AGENCY _____	LOCATION (City, State, ZIP Code) _____	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print) _____

DATE _____

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)
RETIREMENT BRANCH

89 MAY 27 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

Form 176-1
176-101
JAN 1968

SECRET

25 January 1972

MEMORANDUM FOR FILE

SUBJECT:

REFS: A. UWCT-701, 18 November 1971
B. UWCS-705, 29 November 1971

1. This memorandum will record a series of conversations with Chief of Base, concerning the proposed use of Subject as a re-hired annuitant or alternatively the proposed use of Subject's wife as a contract agent as a spotter and access agent for the Washington Base.
2. Based on several conversations with representatives of the Office of Security and the Office of Medical Services we have been advised that a request for approval to employ Subject or his wife would not receive either OMS or Office of Security concurrence.
3. Based on the above, Chief of Base, has agreed to withdraw his request in Reference A and this memorandum will serve in lieu of a dispatch reply.

SECRET

NON-STAFF PERSONNEL DATA SHEET						DATE
						12/13/71
INSTRUCTIONS: 1. SUBMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, D AND CAREER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR MOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSFS/AGENT BRANCH (1 COPY ONLY)						
NAME (LAST, FIRST, MIDDLE)					SEX	DATE OF BIRTH
					Male	11/27/19
MARITAL STATUS	NO. DEPENDENTS	YEARS OF BIRTH		NATIONALITY	LAST MEDICAL EXAM	
Married	4	1929, 1950, 1958, 1959		Nat. U. S. A.	11/67	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL				JOB TITLE	COMPONENT	
CSA, 10/12/61				Agent	DO	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR FAN #	
MOC			\$50.00 per task			
BENEFITS				YES	NO	
N/A						
SOCIAL SECURITY						
FECA DEATH AND DISABILITY						
ANNUAL AND SICK LEAVE						
CIVIL SERVICE RETIREMENT						
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY						
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE						
CONTRACT LIFE AND HEALTH INSURANCE						
MISSING PERSONS BENEFITS						
OTHER (EXPLAIN)						
NON-CIA EDUCATION						
University of Maryland, 77 credit hours on Bachelor of Military Science Degree U. S. Army Infantry School, Ft. Benning, Georgia, 1943 British Special Intelligence School, 1943-1944 U. S. Psychological Warfare Training, 1959 Fluent in French						
DATES		NON-CIA EMPLOYMENT				
FROM - TO	EMPLOYER	LOCATION	FUNCTION	SALARY		
9/41-9/61	U. S. Army	France Germany Indochina				
CIA TRAINING						
Paramilitary Training - 1951						
CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
11/12/61	Ops Officer (24)	CA	Hqs	SOD		GS-13
01/ /62	"	"	Saigon	FE		GS-13
04/23/63	"	"	"	FE		GS-14/2
07/15/63	Disability Retirement	"	Hqs	FE		GS-14/4

SECRET

SECURITY

FACTORS AFFECTING SUBJECT (PUBLIC KNOWLEDGE - PRESS, RADIO, TV), KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

When Subject retired he was told to indicate CIA as his place of employment for the entire period - November 1961 through July 1968.

COVER

A. PRESENT COVER IS: ☐ OFFICIAL ☐ NON-OFFICIAL

DIVISION EVALUATION OF COVER SECURITY:

EVALUATION OF PERFORMANCE:

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

B. PREVIOUS COVER WAS: ☐ OFFICIAL ☐ NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

SECRET

CLASSIFICATION		PROCESSING ACTION	
SECRET			
Chief, DC Division		X	MARKED FOR INDEXING
			NO INDEXING REQUIRED
			ONLY QUALIFIED DESK CAN JUDGE INDEXING
Chief of Base, Washington			MICROFILM
ISOLCG/Administrative			
DO Base/Washington's Proposed Use of Retired Annuitant			

ACTION REQUIRED: See paragraph 1.

REFERENCE : None

1. Headquarters approval is requested for DO Base/
Washington's operational use of retired annuitant, [redacted]
[redacted] a former Career Agent contract employee who
was retired on a medical disability 15 July 1968.

2. The Base would like to employ [redacted] for use



Distribution:

1 - C/DO ✓

DATE 10 NOV 1971	17 November 1971
UNCL-701	

SECRET TELEPOUCH

DISP NO - UWCS-705

FILE NO - NONE

DATE - 29 NOVEMBER 1971

INDEX - NONE

FILM - NONE

TO - CHIEF OF BASE, WASHINGTON

INFO - NONE

FROM - CHIEF, DO DIVISION

SUBJECT -

REFS - UWCS-701, 16 NOV 71



CLASSIFIED BY DC/PER

CLASSIFICATION BY DC/1/81

DECLASSIFY BY 07/00/00

SECRET

DO 71 - 353

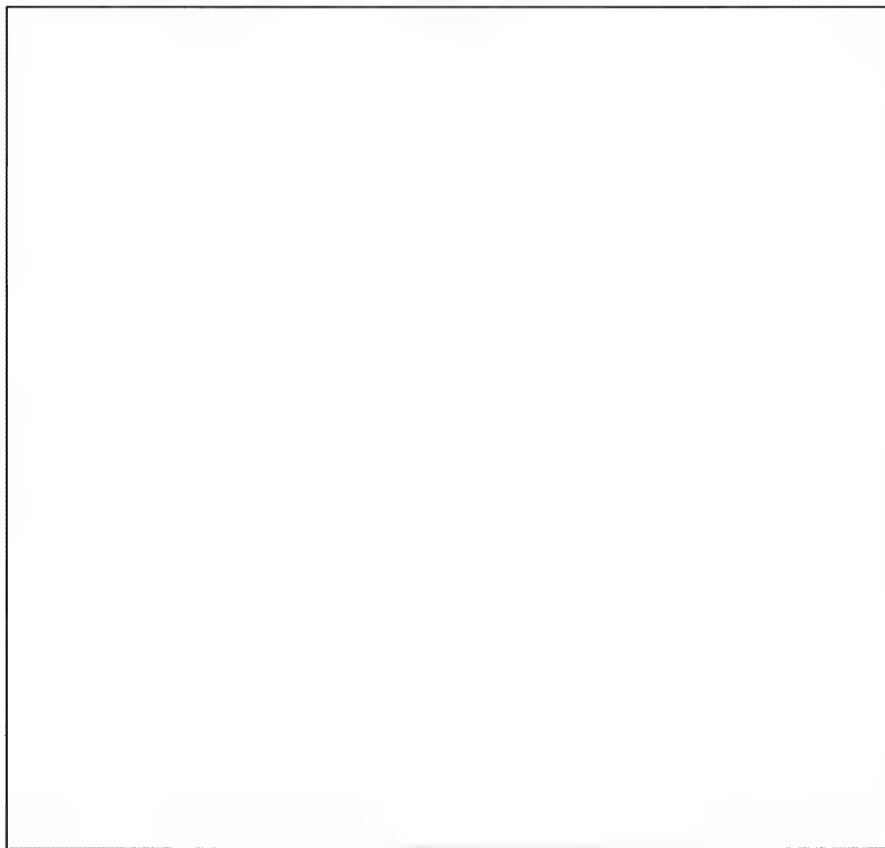
MEMORANDUM FOR: Director of Personnel

VIA : Deputy Director for Plans

SUBJECT : Lt. Col. Lucien E. Concin

*Not
Sent*

1. A recommendation for the approval of the Director of Personnel is contained in paragraph three (3).



[Redacted Signature]

Chief, DO Division

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

CONCURRENCE SHEET

CONCUR:

Deputy Director for Plans

Date

APPROVAL:

Director of Personnel

Date

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

WASH POST
22 DEC 71

NBC Claims Diem Death Inside Story

Seventeen generals and colonels of the South Vietnamese Army voted unanimously to kill President Ngo Dinh Diem in 1963, and were not particularly discouraged by his high ranking, U.S. CIA official, an NBC report scheduled to be telecast tonight discloses.

The report is Part 2 of "An NBC News White Paper: Vietnam 'Hindsight' and deals with the origins of America's involvement in that Southeast Asia country.

The report presents the first supposed inside account of Diem's assassination, disguised as a political coup, and includes statements by Alvin Davis, associate producer of the program, and Lt. Col. Lucien Conein, the key CIA man in South Vietnam during the time of the coup.

It is "quite inconceivable" to Conein that Gen. Maxwell Taylor and others were not aware of the timing of the coup, Conein says on the program, which depicts Diem's death as a Diem maneuver that backfired.

The decision to kill Diem is reported to have developed over a series of eight meetings and arguments, and, finally, a vote. Three who would have voted to save Diem were assassinated before the vote was taken. Four others including the present Prime Minister, Khanh, were deliberately excluded from the vote.

Among the 17, however, watched him until the start, and the only overheard phrase spoken in French rather than in Vietnamese was by Big Minh, might have been presidential contender in the October 1961 election, who said, "The end must be killed."

After that, the vote went like this: Big Minh, kill; Gen. Don, kill; Gen. Xuan, kill; Col. Nghia, kill. At the end there was total unanimity, and a vow of alliance was taken. The silence is to be broken tonight, Davis says.

Diem had asked for full honors, and a "graceful" exit from Vietnam to exile in another country, but refused to ask Big Minh—who, in turn, was furious at the slight.

Between 6 and 9 p.m. Nov. 2, the day of Diem's death, he refused again to speak to Minh, then finally spoke to him on the telephone, but Minh, outraged, hung up. On the third try, Diem gave in, asking only for safe conduct.

At this point Col. Conein said he was told by Ambassador Henry Cabot Lodge not to instigate, encourage or discourage a coup, which was in the planning stages throughout October, 1963. But Diem, Conein said, had his own plan for a phony coup, after which he and his family would be brought in honors, by popular acclaim, back to Saigon from their place of exile, Pleiku.

What happened, apparently, is that both the phony coup and the real one came off at the same time, fooling Diem and his brother, Ngo Dinh Nhu.

Conein, in an attempt to get Diem out of the country says he asked his embassy for a plane, but was told that he would have to wait 24 hours for it.

"I spoke for the U.S. government and I was authorized, and I informed the junta (Diem's organization) that I had an aircraft, but it would take me 24 hours to have that aircraft on the ground."

"Instead," Davis asked,

"Instead, he was shot by a major in the Vietnamese army," Conein says on the telecast.

SECRET

A. TEMPORARILY FOR _____ DAYS. EFFECTIVE DATE COB _____ B. CONTINUING AS OF COB _____		DATE (HH MM DD) 12 Nov 61	
		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
ASCERTAIN THAT _____ @-2 BEING ISSUED. (HNB 20-601-1)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HNB 240-3*)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HNB 240-3*)			
CONCUR IN ISSUANCE			
AGE HOSPITALIZATION CARD HAS HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
[REMARKS AND/OR COVER HISTORY]			
COPY/NOT DISTRIBUTION COPY 1 - PDD COPY 2 - OPERATING COMMANDER COPY 3 - [] COPY 4 - [] COPY 5 - [] COPY 6 - [] COPY 7 - []		[]	

FORM 1551 1551 1551 1551 1551 1551 1551 1551 1551 1551

SECRET

1551 1551 1551 1551 1551 1551 1551 1551 1551 1551

4 April 1999

... ..
... ..
... ..

...the ... of ...

... ..

$$x_1 = \frac{1}{\sqrt{2}} \begin{pmatrix} 1 \\ -1 \end{pmatrix}, x_2 = \frac{1}{\sqrt{2}} \begin{pmatrix} 1 \\ 1 \end{pmatrix}$$

65-4611/P

17 AUG 1965

**MEMORANDUM FOR: Deputy Assistant Secretary for Far
Eastern Affairs
Department of State**

SUBJECT

2. Arrangements are now being made between Mr. Wendt of the Department and representatives of [redacted] [redacted] In the absence of unforeseen difficulties, all of the persons named will proceed to Saigon as soon as possible. One of those named, [redacted] is now serving in Europe, but this should not delay his assignment to Vietnam.

EO-DD/S:VRT:maq (16 Aug 65)
Rewritten: O-ExD(F):JSE:abo (17 Aug 65)
Distribution:

- 0 & 1 - Adso
- 1 - Signing Official
- 1 - EIT w/basic
- 1 - DD/S subject w/cy basic
- 1 - DD/S chrono
- 1 - DD/P w/cy basic
- 1 - G/SE w/cy basic
- 1 - D/Pers w/cy basic
- 1 - D/Finance w/cy basic

Secondary Distribution:

- 4 - OFF [redacted]
- 4 - FE/Pers
- 2 - Contract Personnel
- 4 - OS/PED
- 1 - C/CEPD
- 1 - C/TAR
- 1 - Manpower Office
- 8 - O/Finance

CONFIDENTIAL

GROUP 1
Excluded from automatic
downgrading and
declassification

CONFIDENTIAL


DD/S 65-3882

MEMORANDUM FOR: Deputy Assistant Secretary
for Far Eastern Affairs
Department of State
Washington, D.C.




Richard Helms
Deputy Director

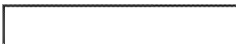
CONCUR:


Chief, Far East Division

16 Aug 65
Date


Deputy Director for Support

16 Aug 65
Date


Director of Personnel
16 Aug 65

CONFIDENTIAL



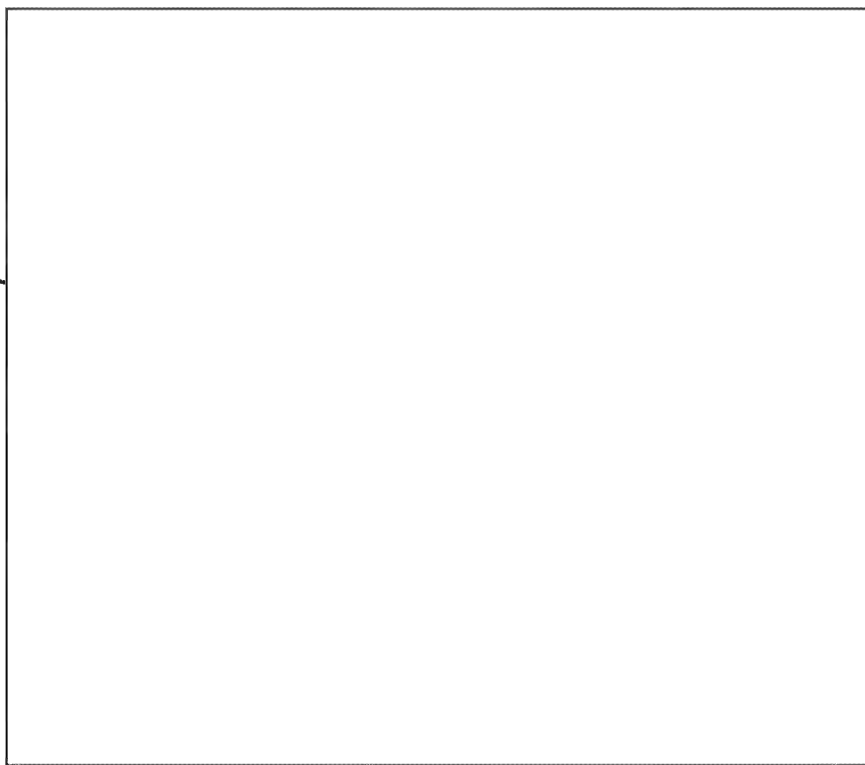
DEPARTMENT OF STATE
WASHINGTON

65-1511

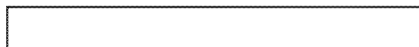
AUG 9 1955

CONFIDENTIAL

x four



Special Assistant Secretary
for the Eastern Division



Vice
Director of Central Intelligence
Washington, D.C.

CONFIDENTIAL

MESSAGE FORM

TOTAL COPIES: 7

ORIG: RICHARD WELCH

UNIT: DC/WH/3

EXT: 8337

DATE: 24 JUNE 65

☐ INDEX

☐ NO INDEX

☐ FILE IN CASE FILE NO.

56 SECRET

☐ RETURN TO BRANCH ☐ FILE SIG

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ROUTING

1.		5
2.	<i>June</i>	6
3.		7
4.		

24 JUN 65 72 540

TO: [REDACTED]

FROM: DIRECTOR

SIG CEN

COMP:

WH 8

INFO YR

FILE

☐ RID COPY

CCS 3

FI

FI/SPG

DO D6

CI/OPS, OP 2

TO

[REDACTED]

INFO

CITE SIG

22557

[REDACTED]

COORDINATING OFFICER

SECRET

CLASSIFICATION OFFICER

AUTHENTICATING OFFICER

REPRODUCTION OF OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

MESSAGE FORM

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TO :
 FROM :
 DATE :

☐ INDEX
☐ NO INDEX
☐ FILE IN CS FILE NO.

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ROUTING			
1		5	
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TO :

PAGE #2

FROM: DIRECTOR

INFO:

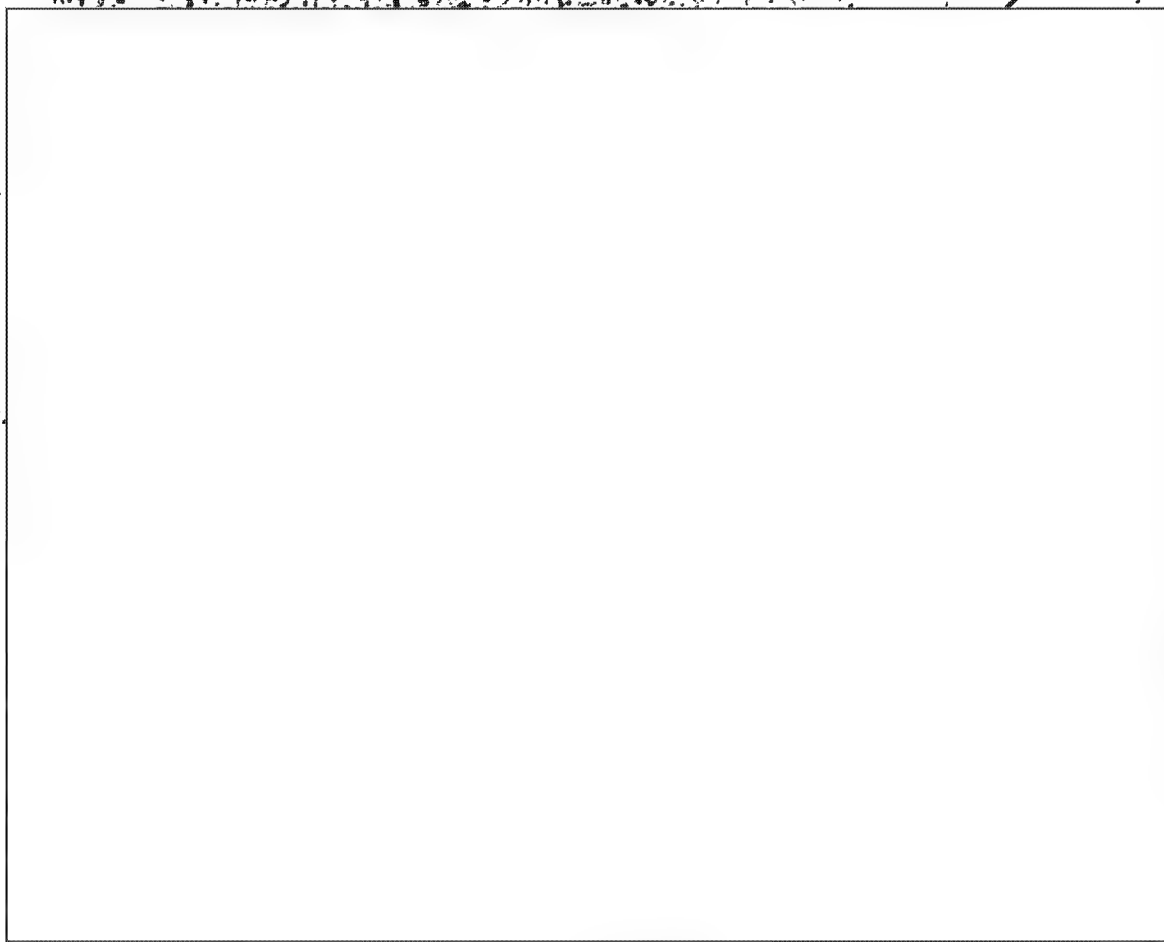
INFO: VR, FILE ☐ BID COPY

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22557

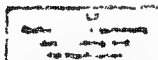


(CONTINUED)

RELEASED OFFICER

COORDINATING OFFICERS

SECRET



RECEIVED DATE

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MESSAGE FORM
TOTAL COPIES

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UNIT :
EXT :
DATE :

☐ INDEX
☐ NO INDEX
☐ FILE IN CS FILE NO.

BY <input type="checkbox"/> RETURN TO SEARCH <input type="checkbox"/> FILE	
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1	5
2	6
3	7
4	8

TO :

PAGE #3

FROM: DIRECTOR

CONF :

INFO VR FILE ☐ RID COPY

TO

INFO

CITE DIR 22557

[Redacted Content]

END OF MESSAGE

WH Comment: Wish to prevent possibility that agreements between all parties vis a vis [Redacted] KUBARK role is not diminished.

CCS/CCM

DESMOND FITZGERALD
C/WHM

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification
unless specifically
indicated otherwise

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

111 10-21 56 48
☐ UNCLASSIFIED ☐ CONFIDENTIAL ☐ SECRET

RECORDING AND INDEXING			
SOURCE: (10, 10000)		[REDACTED]	
FROM: G. E. Post, C/REAB, 211 Magazine		DATE: 3292	NO: 9321
TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS
	RECEIVED	FORWARDED	
1. FE/Pers	APR 1968		✓
2.			
3. Cover G. H. 44 Hqs.	29 APR 1968		✓
4.			
5. Security 3 H. 49 Hqs.	May 68		CS
6.			
7. G. E. Post 211 Magazine	5/3		✓
8.			
9. GE POST 211 MAG	5/3		✓
10. OP/Files 5E13			
11.			
12.			
13.			

COMMENTS (Number each comment to show from whom to whom. Enter in the across column after each comment)

1. Not for filing. For approval and transmittal to Cover. Please initial Copy # 1. Copy # 4 for your retention.

3. Not for filing. For approval and transmittal to Security. Please initial Copy # 1; Copy # 3 for your retention.

5. Please initial Copy # 1; Copy # 2 for your retention.

1. Please go to
 Room 30 G. in 126

sent to PSD
 10-111111 + to 1111 PD.

2000/RE

1000 0100000 ☐ 5000 ☐ 0000000 ☐ 1000000 ☐ 0000000

14115-58918 #1
(PFC)

RESUME

EMPLOYMENT OBJECTIVE:

Management position of responsibility where I can materially contribute to the growth and effectiveness of the organization, by utilizing my background and experience in:

OS/EAB
1 May 68

1. Excellent and extensive personal and political relations with high foreign government officials in Southeast Asia.
2. Management, administration, supervision, organization and operations of internal and physical security of plants and installations.
3. Public Relations dealing with foreign government, commercial and industrial representatives to further the interest of the organization.

Available: After 1 May 1968

Salary Requirements: \$12,000 - \$15,000 per annum - could be negotiated depending on the position.

EXPERIENCE:

1. U. S. Central Intelligence Agency

December 1961 - Present

Intelligence/Operations Officer

Since joining CIA in 1961 have spent the major portion of this period overseas in Southeast Asia. Duties have included: Complete responsibility for the operation of a field intelligence station. Functions included collection, analysis, evaluation, and reporting of intelligence data; the management of the base (Personnel, Security, Finance, and Logistics); liaison with other U. S. officials (up to the Ambassadorial level) and officials of other governments up to the Prime Minister; also directed such operations as civic and political action, police and intelligence office training in counter-insurgency and the general field of intelligence.

LUCIEN E. CONEIN

Page 2

2. U. S. Army

September 1941 - September 1961

Starting as a recruit in September of 1941 was advanced to Non-Commissioned Officer in 1942 and later chosen for Officers Candidate School, Ft. Benning, Georgia, February 1943. Graduated and commissioned 2nd Lieutenant (O.S.S.), 26 July 1943. Served European Theatre of Operations October 1943 to December 1944. Parachuted behind enemy lines in civilian clothes, France, August 1944. Transferred China/Burma/India Theatre, February 1945. Parachuted into French-Indo-China, June 1945. Assigned German occupation February 1947 to August 1953, as an intelligence officer. 1953 - 1956 served as U. S. Military advisory group, Vietnam as intelligence and operations officer. 1957 - 1959 assigned as battalion commander U. S. Special Forces. Commanded an airborne battalion, Ft. Bragg, North Carolina. August 1959 - September 1961 Chief Foreign Intelligence, Assistant Chief of Staff for Intelligence, Department of Army Mission in Teheran, Iran.

EDUCATION:

University of Maryland, 77 credit hours on Bachelor of Military Science Degree

SPECIALIZED TRAINING:

U. S. Army Infantry School, Ft. Benning, Georgia, 1943
British Special Intelligence School - 1943-44
U. S. Psychological Warfare Training, 1959.

FOREIGN LANGUAGE:

French - fluent
Spanish - Trained but have never used.

HONORS (CITATIONS):

Silver Star
Bronze Star
European Theatre (3 Bronze Stars)
Pacific Theatre (2 Bronze Stars)

LUCIEN E. CONEIN

Page 3

Legion of Honor (Chevalier)
Croix de Guerre (Palm and 2 Bronze Stars)
Mention in Despatches (Palm)
National Order of Vietnam (Officer)
Cross of Valor (Palm)

PERSONAL DATA:

Date of Birth:	29 November 1919, Paris, France
Height:	5'11"
Weight:	175 pounds
Eyes:	Blue
Hair:	Grey brown
Marital Status:	Married, two sons, 1 daughter (9, 7, 4, respectively)
Health:	Excellent

REFERENCES:

Ambassador Henry Cabot-Lodge
Department of State
Washington, D. C.

Major General Edward G. Lansdale
Senior Liaison Officer
U. S. Embassy, APO San Francisco 96243

Mr. Michael Deutch
Transportation Building
815 17th Street, N. W.
Washington, D. C. 20006

Mr. Rufus Phillips
Airways Engineering Corporation
1250 Connecticut Avenue, N. W.
Washington, D. C. 20006

NOTICE OF TERMINATION FOR RETIREMENT

You are hereby notified that your resignation as a Contract Employee of the United States Government is accepted pursuant to your Retirement for Medical Disability effective 15 July 1968, and that the effective date of your voluntary termination is 15 July 1968.

You are reminded of the contents of paragraph thirteen (13) of said contract which reads as follows:

"(13) You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws, dated 25 June 1943, as amended, and other applicable laws and regulations."

Your signature in the space provided below indicates acknowledgement and understanding of the contents hereof.

UNITED STATES GOVERNMENT

CONTRACTING OFFICER

ACKNOWLEDGED:

WITNESS:

SECRET

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL				DATE	
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE				21 May 1968	
PERSONAL DATA					
LOCAL ADDRESS			OFFICE AND BRANCH OF ASSIGNMENT		
PERMANENT STATION OR BASE			POSITION OR FUNCTIONAL TITLE		
Washington, D.C.			Ops Officer		
CONTRACT DATA					
DATE CONTRACT EFFECTIVE		DATE CONTRACT LAST RENEWED		DATE CONTRACT EXPIRES	
12 November 1961		10 January 1968		indefinite	
REASON FOR CONTRACT TERMINATION		DATE OF CONTRACT TERMINATION			
		15 July 1968 (1500 hours)			
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as appropriate)					
COMPONENT	CLEARED BY	DATE	REMARKS		
FINANCE					
LOGISTICS					
PERSONNEL					
CONTRACT APPROVING OFFICER		CLEARED BY (Signature)			DATE
SCHEDULE OF INTERVIEWING OFFICES					
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)					
OFFICE	SCHEDULE		INTERVIEWING OFFICIAL		
	DATE	TIME	LOCATION		
CENTRAL COVER STAFF			[redacted] contacted on 20 May 68 (CCS/OCB/M) and stated that he does not need to see again.	CLEARED BY (Signature)	
OFFICE OF SECURITY PSD	23 May 68	1430	3E-49	DATE 23 May 68	
OFFICE OF PERSONNEL CPD			Not seen in CPD	DATE 5/24/68	
REMARKS (Please Initial)					
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT			SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		DATE

STANDARD FORM 54 FEBRUARY 1968 U.S. Civil Service Commission SP-54 SUPPLEMENT NO. 1 - 54-108		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program	
1. NAME (Last) (First) (Middle)		2(a) DATE OF BIRTH (Month, Day, Year)	2(b) SOCIAL SECURITY NUMBER
CONEIN, Lucien E.		November 29, 1919	513 05 0926
3. CHECK THE REASON FOR TERMINATING INSURANCE			
(a) <input type="checkbox"/> SEPARATED (b) <input checked="" type="checkbox"/> RETIRED (c) <input type="checkbox"/> DIED HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS (e) <input type="checkbox"/> OTHER (Specify)			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY			
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)			
NOTE: IF EMPLOYEE (a) DIED OR (b) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF LAST CHANGE, IS ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL PAY: PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5 (MONTH, DAY, YEAR) (PER ANNUAL RATE)	7. IF EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE & ELECTION OF OPTIONAL INSURANCE (SF 1767 or 1767E)	8. DATE OF NOTICE OF EMPLOYEE'S PREVIOUS (SF 55) TO IM NOTICE (MONTH, DAY, YEAR)
July 15, 1968	\$ 18,641		
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
(Typed name of authorized agency official)		(Date)	
Central Intelligence Agency		17 JUL 1968	
(Name of agency)		(Title)	
		Insurance Officer, Alternate	
		Washington, D. C. 20505	
		(Mailing address, including ZIP code of agency)	

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

CONFIDENTIAL

20 MAY 1968

MEMORANDUM FOR: Chief, Compensation and Tax Division
VIA : Contract Personnel Division
SUBJECT : Contract Termination - [REDACTED]
[REDACTED]

1. [REDACTED] has been notified by the Civil Service Commission that his Disability Retirement has been approved.

2. In view of the above information, it is requested that Subject's contract be terminated effective 1500 hours on 18 July 1968. Termination of Subject's contract on this date is requested to allow him to use all of his accrued sick leave as well as his excess annual leave.

WILLIAM S. NELSON

William S. Nelson
Chief, Far East Division

Distribution

Orig & 1 - Addressee
1 - OV/CID
1 - FE/ESAC
1 - FE/PERS/VNO

FE/PERS/VNO DEWallace/eam X5459 20 May 1968

SECRET

DATE: 7 February 1968

**MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP
Benefits and Services Division**

This is to advise you that
has been employed under an Agency personal services contract
effective 10 January 1968. The Contract authorizes
participation in Civil Service Retirement, FEGLI and Federal
Health Insurance.

Subject's contract is the administrative responsibility
of DDP/FE.

Contract Personnel Division

SECRET

**Group 1 - Excluded from automatic downgrading and
declassification**

SECRET

Lucian C. Brown

Mr. _____

Dear _____:

The United States Government, as represented by the Contracting Officer of this organization, _____

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

TR. SMITTAL SLIP		DATE 14 Feb 1968
TO: RECORD		
ROOM NO.	BUILDING	
REMARKS:		
Per _____	Subject's _____	
FROM _____		
ROOM NO.	BUILDING	EXTENSION

FORM NO. 241
1 FEB 53

REPLACES FORM 346
WHICH MAY BE USED

(47)

2. Your previous contract with the United States Government, effective 12 November 1961, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

Group - Excluded from automatic downgrading and declassification.

SECRET

4. This agreement is effective as of 16 January 1968
and shall continue thereafter for an indefinite period

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

CONFIDENTIAL SECRET

1000

1967 LEAVE STATEMENT	
NAME: [REDACTED]	
GRADE: [REDACTED]	
DATE: [REDACTED]	
PERIOD: [REDACTED]	
ANNUAL LEAVE BALANCE AS OF 1 JANUARY 1967	
ANNUAL LEAVE BALANCE AS OF 11 MARCH 1967	
SICK LEAVE AS OF 11 MARCH 1967	
COMPENSATORY LEAVE BALANCE AS OF 11 MARCH 1967	
TOTAL LEAVE CARRIED FORWARD FROM PREVIOUS YEAR	

SECRET
(When Filled In)

11213
70-210000

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) Conten, Lucien E.		08 August 1967
3. POSITION TITLE Career Agent		4. GRADE GS-14
5. OFFICE, DIVISION, BRANCH DDP/FE/VNO		6. EMPLOYEE'S BAT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQQB/TOY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px;"> ETD STATION TOY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS and complete evaluation <div style="border: 1px solid black; padding: 5px;"> STA Mid August 1967 STATION Vietnam NO. OF USPH'S </div>	
8. OVERSEAS PLANNING EVALUATION (The block must be checked)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. SIGNATURE		10. REQUESTING OFFICER
[Signature] Lucien E. Conten, FE/PERB/VNO 33-22 HCS		6450

12. COMMENTS	
REF: [Redacted] Please schedule Physical on 14th and 15th of August 1967 <p style="text-align: center;">"SPECIAL HANDLING"</p>	
13. REPORT OF EVALUATION	
qualified for Departmental duty only for a minimum of one year. Must be medically evaluated prior to any processing.	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
15 November 1967	Ray Hurt

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 13 Oct 1965
2. NAME (Last, First, Middle) [REDACTED]		3. POSITION TITLE Ops Officer
4. OFFICE, DIVISION, BRANCH 100/72/VED		5. GRADE CA
		6. EMPLOYEE'S EXT. 9459
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> RTD STATION Hong Kong TDY OR PCY PCY TYPE OF COVER Traveler NO. OF DEPENDENTS TO ACCOMPANY Five NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		
SIGNATURE [REDACTED]		
ROOM NO. & BUILDING 2B-56		EXT. 9459
10. COMMENTS <p>SPONSOR IS FOR LANCIA.</p> <p>BY 09's will be forwarded as soon as received.</p> <p>Additional: Mother and wife - 9 Nov at 9 a.m. - children - 2 Nov at 1 p.m.</p> <p align="center">REX HART</p>		
DATE 11 23 65		SIGNATURE FOR CHIEF OF MEDICAL STAFF [REDACTED]

SECRET
(When Filled In)

Sehunchen

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) <i>Cornier Lucien</i>		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH <i>CA Staff</i>		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ETD <div style="text-align: right; font-size: 1.2em;"><i>1 NOV 1961</i></div> STATION <div style="text-align: center; font-size: 1.5em;"><i>FE Area</i></div> TDY OR PCS <div style="text-align: center; font-size: 1.5em;"><i>PCS</i></div> TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> FTA STATION NO. OF D.P.'S </div>	
8. OVERSEAS PLANNING EVALUATION (the block must be checked)		A. DECLASSIFIED SERVICE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		ROOM NO. & BUILDING <div style="font-size: 1.5em;"><i>1410 K D</i></div>	
10. COMMENTS <div style="font-size: 1.2em; opacity: 0.5;">CHANGES FOR TEMPORARY ASSIGNMENT</div>			
11. REPORT OF EVALUATION <i>ABLE TO SERVE IN ACTUAL DUTY</i> <i>DATE O/S PCS</i>			
DATE <i>15 NOV 1961</i>		SIGNATURE FOR CHIEF OF MEDICAL STAFF 	

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST
NAME (Last, First, Middle) Conlen, Lucien B.		08 August 1967
OFFICE, DIVISION, BRANCH DDP/PC/VNO		EMPLOYEE'S GRADE Career Agent
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT	ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED <input checked="" type="checkbox"/> RETURN FROM OVERSEAS and complete evaluation ETD Mid August 1967 STATION Vietnam NO. OF DEPENDENTS
8. EVALUATION (To be filled in by medical personnel) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

COMMENTS: RUP: SAIGON 9663 (IN 17446) Please schedule Physical on 14th and 15th of August 1967
9. SIGNATURE OF REQUESTER

SECRET

MEDICAL ACTION REQUEST AND REPORT			
1. REQUEST FOR PHYSICAL EXAMINATION BY PERSONNEL DIVISION (<input type="checkbox"/> CIVIL <input type="checkbox"/> COVERT) (<input type="checkbox"/> ISM <input type="checkbox"/> CPR)			
2. NAME (LAST) (FIRST) (MIDDLE)		3. DATE	
CONEIN, LUCIEN EMILE		5-12-54	
4. TO POSITION	5. OFFICE, DIVISION, BRANCH		
I.O.	DDP/FE 4		
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	<input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special (Specify)		
8. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input checked="" type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified			
Remarks: Full duty/General (5-27-54)			

SECRET

S E C R E T

**WITHIN-GRADE PROMOTION FOR CONTRACT EMPLOYEES
(If provided for in Contract)**

CORBIN, LUCIEN E. **FE** **13 Mar 67**
EMPLOYER'S NAME **COMPONENT** **DATE**

**I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN
ACCEPTABLE LEVEL OF COMPETENCE.**

RATER

NOTED:

Contact Personnel Division

Present Compensation Rate \$16,675, GS-14/4 Equiv Effective Date 25 Apr 65
New Compensation Rate \$17,198, GS-14/5 Equiv Effective Date 23 Apr 67

S E C R E T

CONFIDENTIAL

U.S. GOVERNMENT PRINTING OFFICE: 1960-552045

1. Agency and organizational designation /EE					2. Payroll period		3. Block No.		4. Slip No.			
5. Employee's name (and social security account number when appropriate) CAREER AGENT					6. Grade and salary \$16,675							
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks: I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.					11. Appropriation(s)			12. Prepared by jlv 11 Jan 67				
								13. Audited by				
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
14. Effective date 23Apr67	15. Date last equivalent increase 25 Apr. 65	16. Old salary rate \$16,675	17. New salary rate \$17,198	18. Performance rating is satisfactory or better.								
19. LWOP data (fill in appropriate spaces covering LWOP during following periods):				(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.								
<input checked="" type="checkbox"/> No excess LWOP Total excess LWOP				Initials of Clerk								
STANDARD FORM NO. 1126 6 GAO 8009 1126-109												
CONFIDENTIAL, PAYROLL CHANGE SLIP—PAYROLL COPY												

SECRET
(When Filled In)

TRAINING REPORT - LANGUAGE				COURSE TITLE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
INSTRUCTOR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				PROGRAM Daytime - Full-time			
NO. OF STUDENTS 21		NO. OF HOURS 800		DATE OF COURSE 01/04/65 - 03/11/65			
STUDENT							
NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		YOB 19	DOB DATE	OFFICE VII		CS 12	SD D
<small>(See reverse side for definitions of proficiency levels)</small>							
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING				INSTRUCTORS ESTIMATE		OFFICIAL TEST	
BEFORE		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH	
	READING	X					
	WRITING	X					
	PRONUNCIATION	X					
	SPEAKING	X					
	UNDERSTANDING	X					
LANGUAGE TRAINING OBJECTIVES AND METHODS							
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>							
PERFORMANCE EVALUATION							
	UNSATISFACTORY	SATISFACTORY			EXCELLENT		
ACHIEVEMENT		X					
ATTITUDE		X					
ATTENDANCE		X					
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING				INSTRUCTORS ESTIMATE		OFFICIAL TEST	
AFTER		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH	
	READING		X				
	WRITING		X				
	PRONUNCIATION		X				
	SPEAKING		X				
	UNDERSTANDING		X				
<p style="text-align: center;">Foreign Language Aptitude Code: None.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 20px auto;"></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div>FOR THE DIRECTOR OF TRAINING:</div> <div style="text-align: right;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">13 DEC 65 <small>DATE</small></div> </div> </div>							

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 1 August 1965, said contract is amended by adding the following paragraph thereto:

"Your eligibility and participation in this organization's Rest and Recuperation Program is herein authorized in accordance with rules and regulations applicable to Government appointed employees."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY

[Redacted]

SECRET

Group 1 - Excluded from automatic declassification and downgrading

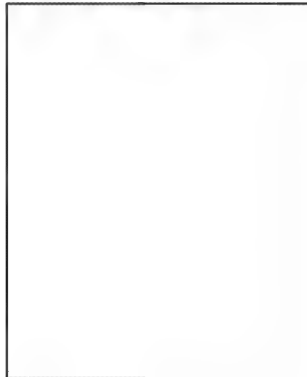
20/10/65
20 10 65

17 NOVEMBER 1965

MEMORANDUM FOR: Contract Personnel Division,
Office of personnel

SUBJECT : R & R for Contract Employees

Please amend the contracts of the following SOD Contract Personnel to provide for participation in the Saigon Station Rest and Recuperation Program. This amendment should be made effective as of 1 August 1965.



William H. Cady,
Chief, Far East Division

Coordination:

FOR/P

INDEX: ☐ YES ☐ NO _____ CLASSIFIED MESSAGE **B** TOTAL COPIES **19**

CLASSIFY TO FILE NO. _____

R-REF TO FILE NO. _____

FILE RID ☐ RET. TO BRANCH ☐

DESTROY ☐ SIG. _____

FROM **K/3**

ACTION **FE 8** ☒ RID COPY ☐ ADVANCE COPY ☐ ISSUED ☐ SLOTTED ☐ TUBED

INFO **FILE, VR, CCS 3, CSRS, OF 2, OF 2**

SECRET

REPRODUCTION PROHIBITED

1		5	
2		6	
3		7	
4		8	

UNIT _____ TIME _____ BY _____

Car lot
SECRET 270916Z OITE SAIGON 9831

27 JUL 1989

PRIORITY HONG KONG INFO DIRECTOR

MR. **[REDACTED]** DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS
AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO
HQS.

SECRET

SECRET

BT

NNNN

5 OCT 1965

MEMORANDUM FOR: Chief, Contract Personnel Division/CP

SUBJECT: [REDACTED]

Transfer to FE Division

[REDACTED] Career Agent, transferred from WH
Division to FE Division effective 20 August 1965. Please
change subject's allotment number to 6137-1487, Saigon Station.

[REDACTED]
Joseph W. Smith
AC/FE Division

Concur:

C/CP/Per

John

CAREER AGENT										815,150			
PAYROLL CHANGE DATA													
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	P. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY		
7. Previous normal													
8. New normal													
9. Pay this period													

10. Remarks:

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

11. Signature of Jlv 8 Jan 65

12. Audited by

13. Effective date: 25 Jan 65, 26 Apr 65, 815,150, 815,640

14. Effective date: 25 Jan 65, 26 Apr 65, 815,150, 815,640

15. Date last regular pay increase: 25 Jan 65, 26 Apr 65, 815,150, 815,640

16. Old salary rate: 815,150

17. New salary rate: 815,640

18. Performance rating is satisfactory or better.

19. Signature of other authorization: _____

20. Check appropriate box in case of excess (WOP):

☐ No excess (WOP). Total excess (WOP): _____

☐ Excess (WOP) at end of waiting period.

☐ Excess (WOP) at end of waiting period.

Initials of Clerk: _____

STANDARD FORM NO. 1124
GSA GEN. REG. NO. 27

CONFIDENTIAL PAYROLL CHANGE SLIP

4 March 1965

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: [REDACTED] Reassignment

In conjunction with the reassignment of [REDACTED]

[REDACTED] Career Agent, from PM Division to MM Division, all salary and allowances are to be charged to Allotment 3135-1141 effective 17 January 1965.

Chief, Finance Division
Chief
Western Hemisphere Division

CONCERN:

SEC

PM Division

25 Jan 65

Contract Personnel Division

S E C R E T

25 November 1964

MEMORANDUM FOR: Chief, Personnel Operations Division

FROM : Executive Secretary, Honor and Merit Awards Board

SUBJECT : Custody of the Honor Award presented to Mr.

Due to security restrictions, the Honor and Merit Awards Board is acting as custodian of the Honor Award and related papers listed below: Intelligence Star
Intelligence Star Certificate

When security restrictions no longer prevail, the awardee may obtain his award by calling the Secretariat.

Distribution:

- Orig. - Subject's CPP
- 1 - Subject's Division Chief
- 1 - HMAB Case File

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) COHEN, LUCIEN E.			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-14
5. OFFICIAL POSITION TITLE OIS OFFICER			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/VIC		8. CURRENT STATION Saigon
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to) 1 April 1964 - 10 September 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Maintains, under supervision of the COS,					RATING LETTER S
SPECIFIC DUTY NO. 2 Senior advisor in the selection, training, maintenance and operation of the Prime Minister's personal security force.					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER S
SPECIFIC DUTY NO. 4					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, temperamental traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

He has had long experience in this area, and uses his understanding of it to great effect. He works very well independently and has shown considerable initiative. He balks at no assignment, and carries out all assignments without regard for his personal convenience, safety, or well being. In the field of written expression this officer's performance falls somewhat short, but he has made strenuous efforts to improve in this sector with some success. All in all, he is an imaginative and dedicated officer who can be counted on to discharge his duties with high effectiveness and total personal commitment. It has been a pleasure to have had him at the Station.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	/s/ Lucien E. Concin	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
10 September 64		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
10 September 64	COB	/s/ Jack J. Conlin
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET

(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-14	5. SD
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/VNC		8. CURRENT STATION Saigon	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 April 63 - 31 March 1964			

SECTION B

PERFORMANCE EVALUATION

- W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1		RATING LETTER
Maintains, under supervision of the COS, []		S
SPECIFIC DUTY NO. 2		RATING LETTER
[]		S
SPECIFIC DUTY NO. 3		RATING LETTER
[]		S
SPECIFIC DUTY NO. 4		RATING LETTER
[]		O
SPECIFIC DUTY NO. 5		RATING LETTER
[]		S
SPECIFIC DUTY NO. 6		RATING LETTER
[]		S
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits and habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give any ^{any} recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties described, if applicable.</p>			
<p>Subject is a virtual walking encyclopedia on the history, customs and senior personalities of Vietnam. He has been associated with this area on and off over the period of the last 10 years. During this time he has developed lasting friendships with many individuals who are now in high positions of power within the government.</p>			
<p>On the negative side, his written and oral presentation, while showing some improvement over the previous report, still needs additional improvement. He has no supervisory responsibilities at the present time and therefore is not rated on that score. He exhibits a good sense of cost consciousness in utilization of man power, materiel and funds.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
/	/s/ [Signature]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
	DCOS	/s/ David R. Smith	
1. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Only his difficulty in expressing himself in writing prevents this officer from being rated "Outstanding". He is a calm and detached professional who at the same time is intimately caught up in his work and in the many important contacts he has on the local scene. His very valuable role could not be performed by anyone else at this Station, nor to my knowledge, by anyone else in the organization at the present time. He is a highly valued member of the Station.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
	COS	/s/ Peor de Silva	

SECRET

Transmitted VIA FYWT 800000
Dated 27 February 1963

SECRET
(When Filled In)

200 040

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
[REDACTED]		29 Nov 19	M	Equiv	GS-13
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				Sigon Station	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input checked="" type="checkbox"/> SPECIAL (Specify): Career Agent			<input checked="" type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
28 February 1963			3 January 1963 - 31 December 1963		
SECTION B PERFORMANCE EVALUATION					
W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from: counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
S - Strong Performance is characterized by exceptional proficiency.					
O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
[REDACTED]					S
SPECIFIC DUTY NO. 2					RATING LETTER
[REDACTED]					S
SPECIFIC DUTY NO. 3					RATING LETTER
Station senior area and language expert deriving from approximately seventeen years residence in and study of Indochina.					O
SPECIFIC DUTY NO. 4					RATING LETTER
Conducts liaison with U.S. Special Forces and acts as honorary Executive Officer, Special Forces Command, Vietnam.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject is one of the outstanding American experts on current day Vietnam. He has lived and traveled in the area for a number of years and has continued a study of the area while absent from it. Many of the current senior officers up to the general staff level were formerly Subject's subordinates and regard him as a friend and colleague whom they trust and in whom they will confide.</p>			
<p>Subject's ability to express himself in writing, while adequate, can stand improvement. He is evidently sincerely attempting to remedy this and some progress is noticeable. Overall, Subject is a distinct asset to the Station and we are particularly pleased to have him. Subject is a career agent and an amendment of his contract to reflect a promotion to the next higher equivalent grade is recommended.</p>			
<p>SECTION D</p>			
<p align="center">CERTIFICATION AND COMMENTS</p>			
<p>1. BY EMPLOYEE</p>			
<p align="center">I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p>			
DATE	SIGNATURE OF EMPLOYEE		
25 February 1963	/s/ Lucien E. Conain		
<p>2. BY SUPERVISOR</p>			
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
25 February 1963	ECOS	/s/ David R. Smith	
<p>3. BY REVIEWING OFFICIAL</p>			
<p>COMMENTS OF REVIEWING OFFICIAL: I concur in the rating given above to Subject who has proved himself invaluable to the Station and to the front office in terms of his thorough knowledge of the Vietnamese scene, of Vietnamese personalities, and of the many issues involved here. I have personally leaned heavily on his judgment and advice. Our high appraisal of Subject is shared by the Ambassador and by the Deputy Chief of Mission. I have found that Subject works in a discipline manner and functions cooperatively with other members of the Station. He has made very definite progress as a staff officer and in applying himself to the paper work which goes with that responsibility. I personally initiated the recommendation that Subject be promoted in Agency grade as well as in U.S. Army rank, mentioned in Section C, above.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 February 1963	COS	/s/ John E. Richardson	

SECRET

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-586448

1. Agency and organizational designations DDP/FE						2. Payroll period		3. Block No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate) CAREER AGENT						6. Grade and salary \$14,065						
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	REF.	FEDERAL TAX	BOND	P. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE ANMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.						11. Appropriations		12. Prepared by jlw 15 Jan 64				
								13. Audited by				
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
14. Effective date 26 Apr 64		15. Date last equivalent increase 28 Apr 63		16. Old salary rate \$14,065		17. New salary rate \$14,515		18. Performance rating is satisfactory or				
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s)) <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP. _____												
(Signature of other authorization) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. _____ Initials of Clerk												
STANDARD FORM NO. 112dd 6 OAO 6000 1126-508												
CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY												

SECRET

Dear [redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 12 November 1961.

Effective 24 April 1963 said contract is amended by revising the first sentence of paragraph three (3) entitled "Compensation and Taxes" to read as follows:

"For your services as a Career Agent you will be compensated at a basic salary of \$13,276 per annum, the equivalent of a GS-142."

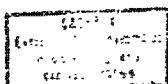
All other terms and conditions of the contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

HL/St 107 May 63
CA/PMQ
C.A.

SECRET



CONFIDENTIAL

25 APR 1963

MEMORANDUM FOR: CSPO/Career Agent Panel

SUBJECT: ~~XXXXXXXXXX~~, Salary Increase
[Redacted]

1. It is requested that Mr. ~~XXXXXXXXXX~~'s contract with this Agency as a Career Agent be amended to reflect a salary increase to the equivalent of a GS-14. His present salary is equal to a GS-13(4), \$12,245; the increase is computed to be the equivalent of GS-14(2), \$13,270.

2. Mr. ~~XXXXXX~~ who is contracted by the Agency under the ZRJEEMEL program, is presently assigned to the Saigon Station where he functions as the Station paramilitary staff officer, senior advisor on the major counterinsurgency programs. His extensive background and experience in Vietnam has made him a particularly valuable officer and asset to the Station. His overall performance is evaluated in his Fitness Report as strong. The Chief of Station, Saigon, has recommended that Mr. ~~XXXXXX~~ be given a promotion to the GS-14 equivalent and the Acting Chief, SOD, concurs.

3. The amendment should be effective with the next pay period.

W. F. Collins
William F. Collins
Chief, Far East Division

Approved by CSPO/Career Agent Panel
(Date): 7 May 1963

[Redacted]
Secretary, CSPO

CONFIDENTIAL

SECRET

17 NOV 1961

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : [REDACTED]

[REDACTED]
Therefore, FE Division is responsible for completing the final details of his processing:

2. [REDACTED] will be paid by FE Division, allotment number [REDACTED], and FE Division will be administratively responsible for welfare during his tour of duty with that division. It is requested that regular annual fitness reports be forwarded to CA Staff for [REDACTED]. It is further requested that CA Staff be advised of any action taken which will affect [REDACTED]'s career with the Agency as a member of project ZRJEWEI, including any amendments to the present contract.

3. After [REDACTED] completes his tour of duty with FE Division he will return to project ZRJEWEI, and all administrative responsibility will then be transferred from FE back to CA Staff.

4. [REDACTED] received a full security clearance on 12 October 1961, and medical approval for PCS Saigon, 15 November 1961.

[REDACTED]
Chief, Support Group, CA Staff

CONCUR:

[REDACTED]
Chief, FE Support

(Date)

SECRET

SECRET

Mr. [REDACTED]

Dear [REDACTED]

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

2. [REDACTED]

3. Compensation and Taxes. For your services as a Career Agent, you will be compensated at a basic salary of \$11,415 per annum. You will be entitled to a post differential in conformance with applicable Government regulations. In addition, you will be entitled to within-grade promotions and Legislative pay adjustments in substantial conformance with rules and regulations applicable to Government appointed personnel. Payments will be made as directed by you in writing in a manner acceptable to the Government. Monies paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

4. Allowances. You will be entitled to: (a) Living quarters allowances in conformance with applicable Government regulations. You may be provided quarters by your cover facility or the Government and, in such event, you will not be entitled to the living quarters allowances herein indicated.

(b) Cost of living allowances in conformance with applicable Government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a home service transfer allowance, an education allowance and a separation allowance.

5. Travel. You will be advanced or reimbursed funds for travel and transportation expenses for you, your dependents, your household effects and your personal automobile to and from your permanent post of assignment, and for you alone for authorized operational travel. In addition, you will be entitled to storage of such household and personal effects as are not shipped

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SECRET

in conformance with applicable Government regulations. You will be entitled to per diem in lieu of subsistence in the course of all travel performed hereunder, and when authorized, for you alone while on temporary duty away from your permanent post of assignment. In addition, you will be entitled to reimbursement in accordance with standardized Government rates for the authorized official use of your private automobile. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

6. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government. Such funds will be subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

7. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

8. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to sick, annual and home leave (including travel expenses incident thereto) equal to and subject to the same rules and regulations applicable to Government appointed employees. Annual leave may only be taken at times and places approved in advance by appropriate Government representatives.

(d) From the salary paid pursuant to this contract there shall be deducted the appropriate rate percentage (presently 6 1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security, such contributions will be at your expense and you will not be reimbursed therefor by the Government.

(e) (1) This organization is authorized to pay the cost of necessary hospitalization and related travel expenses for illness or injury incurred by the U. S. citizen full-time Career Agent in the line of duty while permanently assigned abroad.

(2) This organization may pay certain necessary costs of hospitalization and related travel expenses for illness or injury incurred by the dependents of a U. S. citizen full-time Career Agent permanently assigned abroad, while they are located abroad.

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SECRET

It is understood and agreed that the eligibility and extent of the participation by you and your dependents in the above medical programs will be in conformance with the rules, regulations and policies of this organization in effect at the time an illness or injury is incurred, that all claims will be submitted only to this organization and that adjudication of such claims by this organization shall be final and conclusive.

(f) You are herein authorized to apply for enrollment in a health insurance program for certain selected Career Agents in this organization, subject to all the terms and conditions of that program. If accepted, this organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

9.

10. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

13.

SECRET

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14. Term. This contract is effective as of 12/1/60-61, and shall continue thereafter for an indefinite period unless sooner terminated:

(a) Upon ninety (90) days' actual notice by either party hereto, or

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

(c) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. In the event of voluntary termination on your part or termination for cause by the Government prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel expense to the United States. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

Arthur R. Schwiegrath

WITNESS:

APPROVED:

(S) 10/16/61
en/mc

SECRET

TRANSMITTAL SLIP		DATE
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		15 Nov 61
ROOM NO.	BUILDING	
REMARKS		
<p>Mr Armstrong requests you go ahead in this case inasmuch as I have approved (which he is working on) A staff wants to bring up Subject to Nov. Security approval was granted in Oct 61</p>		
FROM		

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)				CASE OFFICER <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		DATE 10 October 1961	
WITH APP INSTRUCTIONS ON FIRST SHEET							
SECTION VIII				OTHER BENEFITS			
48. BENEFITS (See R 20-615, R 20-620, R 20-625, R 20-1000, and R 20-620-1, R 20-1000-1 and or successor regulations for benefits applicable to various categories of contract personnel.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> FECA <input checked="" type="checkbox"/> Missing Persons Act <input checked="" type="checkbox"/> Sick and Annual Leave <input checked="" type="checkbox"/> Civil Service Retirement <input checked="" type="checkbox"/> Life & Hospitalization Insurance <input checked="" type="checkbox"/> Overtime <input checked="" type="checkbox"/> Periodic Step Increases </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Legislative Pay Adjustments. </div> </div>							
SECTION IX				COVER ACTIVITY			
49. STATUS (Check)		<input checked="" type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED		50. TYPE (Check)		<input type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED	
				<input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER			
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL							
SECTION X				OFFSET OF INCOME			
50. OFFSET OF INCOME AND OTHER ENOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate area attached hereto.) <input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE							
SECTION XI				TERM			
51. DURATION		52. EFFECTIVE DATE		53. RENEWABLE			
DAYS MONTHS <input checked="" type="checkbox"/> YEARS				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
54. TERMINATION NOTICE (Number of days) 90 days				55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SECTION XII				FUNCTION			
56. PRIMARY FUNCTION (CI, FI, PP, other) Paramilitary Operations							
SECTION XIII				DUTIES			
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED Paramilitary Specialist							
SECTION XIV				QUALIFICATIONS			
58. EXPERIENCE Sept. 41-1 Oct. 1961 - US Army - Parachute; Infantry - c/Mil. Liaison Group AQHSH/MAAG, Tehran; Asst. Chief of Staff for Intelligence - Special Forces Btn. Cdr. - 3 years (July 1943 - Oct. 1946 - CIA and predecessor organizations - had all Agency PM training)							
59. EDUCATION (Check highest level attained)		60. LANGUAGE COMPETENCE		61. AREA KNOWLEDGE			
<input checked="" type="checkbox"/> Graduate (no degree) <input type="checkbox"/> Graduate (degree) <input type="checkbox"/> Postgraduate		LANGUAGE: French <input checked="" type="checkbox"/> PEAK: <input type="checkbox"/> RATE: <input type="checkbox"/> READ: <input type="checkbox"/> COUNTRY OF ORIGIN: Paris, France		AREA: <input type="checkbox"/> AREA: <input type="checkbox"/> AREA: <input type="checkbox"/> AREA: <input type="checkbox"/> AREA: <input type="checkbox"/> AREA: <input type="checkbox"/> AREA: <input type="checkbox"/>			
62. AREA KNOWLEDGE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
SECTION XV				EMPLOYMENT PRIOR TO CIA			
63. DATE INCLUSIVE DATES, POSITION TITLE, PAY GRADE, SALARY AND REASON FOR LEAVING 22 Sept. 1941 - 1 Oct. 1941 - US Army Pvt. - Lt. Col.							
SECTION XVI				ADDITIONAL INFORMATION			
64. ADDITIONAL OR CORRECTIVE REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)							
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> DATE: _____ SIGNED: 7. Max </div> <div style="width: 30%; text-align: center;"> 7-61 </div> <div style="width: 30%; text-align: right;"> SIGNED: _____ Charles J. [unclear] </div> </div>							

TRAINING EVALUATION REPORT 3435

NAME <i>Colman, Lucian E.</i>		DATE <i>12 Oct 1953</i>
PROJECTED PERSONNEL OFFICE <i>Personnel Action</i>		
FROM: <i>D.O. Major USA. SE Pennington</i>		
TO: <i>T.O. Major USA. SE Washington</i>		
COURSE	EVAL.	
BIC (CS)		also BIC, BITC, SOC, BTP, DOC/
BTP II	<i>51</i>	also BIC
BTP III	<i>51</i>	also AIC, AIFC, AOC, CAI
BTP IV		
RO		also PM I, II, III; RAFT
ITC		also CI Tech
Adm'n		
BIC	<i>51</i>	
SUP		
CFA		
Rpts		
OB		
OSC (CE)		
EAE		
CPW		
CPA		
CPO		
STB		
CEW		
IT		
GW		
SAB		
AO		
MO		
SUR		
BFOT		
DOC		
LOCKS		
S/W		
F&S		
SAF		

REMARKS

Subject has completed training as shown at the left. FI/OPS training comments that:

a. this (does-not) meet minimum training standards re qualification for the projected action.

b. Subject currently enrolled in courses shown in red, the completion of which will satisfy minimum standards.

c. Subject, unless (he/she) has had a field or other experience which is accepted in lieu of training, should be required to take the following (qualifying/refresher) training.

PHS TEL

PMR

d. Subject's division advised of these recommendations. (Agree-Disagree)

FORM NO. 59-77
APR 1953

SECRET

(48)

12 November 1953

MEMORANDUM FOR: Personnel Officer, Officer

FROM : FI Career Management Officer

SUBJECT : Personnel Action On COLMAN, Lucian E.

1. The FI Career Service Board has (approved - disapproved) the personnel action of (promotion - reassignment -) of subject. The FI Training Officer has recommended that subject be scheduled for additional training in order to satisfy the requirements of the proposed personnel action. The following training program has been recommended.

2. Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the FI Training Officer.

Phase TT

Lusienville Coast

30

11 May 1944

Saigon Liaison
KREMER Area Ops.
Officer

30

Intelligence
(Kremer)

Major Wilbur

30

Ops. Group "A" (equivalent to Phase #2)

SEC, CAL

on

SEC-100 30

British Airborne School Nov 1943 - Mar 1944, TIS (Fort Raming Inf Sch. CCo
Wyandotte S. S. 1934 - 1936, University of Maryland (European Branch) Apr-Jul/
1943

French Speech, Read Write Excellent

1935 - 1940 Printing - Proofman and Typesetter - F. R. Buckley Employer
1940 U.S. Army Captain, Infantry Duties Intelligence

Jul 43 to Nov 43	Cmd Platoon Leader Ops Co. 1st Lt. Overman
Nov 43 to Dec 43	Cmd Platoon (Special Mission to France) 1st Lt. Overman
Dec 43 to Dec 43	Cmd Special Mission France-Indochina Captain Overman
Jan 44 to Jan 44	Cmd Mission to Germany, 1st Lt. Overman
May 44 to May 44	Chief of Germany Operations 1st Lt. Overman
May 44 to Oct 44	Operations Officer Burnberg Ops Base Major Overman
Oct 44 to present	Intel Officer - FI SEC/1 Airbase Br. Washington, DC.

SEC-100 30

SEC-100 30

SECRET

CUMULATIVE TRAINING RECORD					D. M. 1 June 1954
NAME Lucien E. Conain			PROJECTED PERSONNEL ACTION		
FROM: I.O. Maj. USA SZ/Wash.			<input type="checkbox"/> PROMOTION <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> ROTATION <input type="checkbox"/> TRAVEL		OTHER (Specify)
			10: Area Ops Off. Maj. USA/FE/Indochina		AOS
X	COURSE	DATE TAKEN	X	OTHER TRAINING COURSES	REMARKS:
	BIC(CST), ALSO BIC, BITE, SOC, RTP AND RYS				1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING. 2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.
	BTP II, ALSO DC	51			
	BTP III, ALSO AIC, BITE, AOC AND CAB	51			STAFF TRAINING OFFICE COMMENTS: <input checked="" type="checkbox"/> A. THIS <input checked="" type="checkbox"/> DOES <input type="checkbox"/> DOES NOT MEET MINIMUM TRAINING STANDARDS RE QUALIFICATION FOR THE PROJECTED ACTION. <input type="checkbox"/> B. SUBJECT IS CURRENTLY ENROLLED IN COURSES MARKED WITH AN S, THE COMPLETION OF WHICH WILL SATISFY MINIMUM STANDARDS. <input checked="" type="checkbox"/> C. UNLESS SUBJECT HAS HAD PREVIOUS NO. OR FIELD EXPERIENCE, WHICH CAN BE ACCEPTED IN LIEU OF TRAINING, SUBJECT SHOULD BE REQUIRED TO TAKE <input type="checkbox"/> QUALIFYING <input type="checkbox"/> REFRESHER TRAINING AS CHECKED AT THE LEFT.
	PO, ALSO PW I, II, III AND BARY				
	ITC ALSO C3 TECH				
	ADMIN				
	SIC	51			
	ZUP				
	CFA				
	APIS				
	OB				
	OSC (CS)				
	F A E				
	CPW				
	WPSOC				
	CPD				
	STB				
	CLW				
	II				
	IV				
	VAB				
	AO				
	VI				
	III				
	IIOT				
	SSC				
	LOCSB				
	IV				
	P B 1				
	III				

TO: Personnel Officer,

[Signature]

FROM: Career Management Officer

[Signature]

The above projected personnel action has been ☒ approved ☐ disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.

Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.

SECRET

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE				FOR HEADQUARTERS USE ONLY	
NAME OF EMPLOYEE (use pseudo only if SA)		DATE (from item 5-1)		NAME OF SUPERVISOR (if any)	
Conein, Lucien E.		6 Jan 67		21 Jan 67	
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:		DATE RECEIVED BY CAREER SERVICE:	
8 February 1967		FVST-14709			
TO BE COMPLETED BY EMPLOYEE					
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE		4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
29 Nov 19	C/A	ROIC, Bien Hoa GS-14.		Vietnam	
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE		
29 Sept 1965	July 1968	15 Aug 1968.	1 Sept 1968		
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:					
Mother - 76 Sons - 8 and 9					
Wife - 38 Daughter - 5					
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:					
Desire serve in a Post with family.					
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (Also attach personal cover questionnaire in accordance with TST-F 240-8)					
Special assignment to Lansdale group, U.S. Embassy, Vietnam. COD Provincial Officer, Bien Hoa. Advised, financed, supplied Revolutionary Development Cadres, Census Grievance, and Provincial Reconnaissance Units. ROIC, Bien Hoa Region, consisting of eleven Provinces. Supervise 27 U.S. personnel assigned to OB and COD duties in the Provinces. Admin supervision of finance, supplies, and commo. Supervise the intel collection activities of all programs in the Region. Reporting significant information to the appropriate Divisions of the Vietnam Station. Maintaining liaison with key U.S. and Vietnamese officials in the Region.					
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS					
Language training - desire short course in the local language of next assignment.					

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Desire assignment commensurate with past training and experience.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 16 months MONTHS AT CURRENT STATION TO July 1968
(DATE)

☐ BE ASSIGNED TO HQ/OTS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

☒ BE ASSIGNED North Africa STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE North Africa 2ND CHOICE South 3RD CHOICE Europe

☐ RETURN TO MY CURRENT STATION America

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Strongly concur in this officer's request for extension.

COS personally suggested such action to him.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

**FE Division concurs in Mr. Conein's 16-month extension to July 1968.
FE is notifying Subject by dispatch, subject to S.D. concurrence.**

DATE 16 Feb 67 TITLE CPE/PERSONNEL SIGNATURE _____

FOR USE BY CABLE SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH TO:

DATE: _____

CABLE NO. _____

DATE: _____

CABLE NO. _____

DATE: _____

SECRET

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE TRANSMITTAL

INSTRUCTIONS

- A. This questionnaire is designed to provide information for consideration by headquarters in planning your next assignment.
- B. Each supervisor in the field will ensure that this questionnaire is completed for each employee under his immediate supervision and forwarded to headquarters eight (8) months prior to the individual's planned date of departure from the station.
- C. The questionnaire will be completed and forwarded through normal channels to headquarters in triplicate.
- D. The questionnaire of Staff Agents should include entry, duties, and discussion of cases factors where appropriate.

SPECIAL NOTE

This form must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information or methods of operations, it is normally expected that a complete and realistic statement of major duties may be requested in Item No. 8. However, the nature, purpose or disposition of information or operations will not be included. On the other hand, the description of the major duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases a general statement of duties will be indicated in Item No. 8 so as to show the level of responsibilities involved and enable reviewers at headquarters to understand the nature of your position. No names, operational techniques, objectives or purposes of the operation should be included.

NAME OF EMPLOYEE (in plaintext, if any) (2-1200) SIGNATURE OF EMPLOYEE (in plaintext, if any)

21 January 1967

FORM 402 23 JAN 1967

SECRET

DISPATCH

CLASSIFICATION
SECRET

PROCESSING ACTION

MARKED FOR INDEXING

X

NO INDEXING REQUIRED

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

MICROFILM

Chief, Far East Division

ATTN: PARDEE

Chief of Station, Vietnam

SUBJECT: Commendation of [redacted] *General Langdale*

ACTION REQUIRED REFERENCES

1. Forwarded under separate cover is a commendation from General Langdale for [redacted]

2. I thought you would be interested in seeing it since it is a good indicator of how much of the General's reporting can be believed. Notice particularly the paragraph on page 2 concerning [redacted] "services to my staff...in an applied field of philology, particularly in Vietnamese oral linguistics and the working of official documents..." When this paragraph was shown to [redacted] he gave vent to some very soldierly language, pointing out that he doesn't speak a word of Vietnamese nor can he read it.

Attachment:
Commendation u.s.c.

Distribution:
3 - C/FE w/att u.s.c.

Copy to [redacted] 1/19/64

REFERENCE TO

DISPATCH SYMBOL AND NUMBER 13129

DATE

FVST-

CLASSIFICATION

FILE NUMBER

SECRET

DISPATCH		CLASSIFICATION CONFIDENTIAL	PROCESSING ACTION
TO Chief of Station, Saigon			MARKED FOR INDEXING
INFO			NO INDEXING REQUIRED
FROM Chief, Far East Division			ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT Approval of Home Leave and New Tour - [REDACTED]			RECLASSIFIED
ACTION REQUIRED (REFERENCE)			
FMST 602, 20 August 1961			
<p>1. Headquarters is pleased to advise [REDACTED] has been approved for home leave and return to Saigon for a second tour.</p> <p>2. For your information, [REDACTED] contract, effective 12 November 1961, is written for an indefinite period, and will continue in effect, as amended, until such time as it is terminated in accordance with the provisions contained therein.</p> <p style="text-align: center;">[REDACTED]</p>			
<p>Distribution: Orig. 3 1 - [REDACTED]</p> <p><i>Reports Sup 3 Jan - Return 3 + 15 H/K for 4 review (3 day). 15 Jan Work DC for 10 days T O Y W/O Dependents Returns via Escape.</i></p>			
COPIES DESTROYED (Y/N)	DISPATCH SYMBOL AND NUMBER FMST 602	CLASSIFICATION CONFIDENTIAL	DATE 22 September 1962

CERTIFICATE

TRAVEL ORDER

24 August 1967

Contract

Mr. Lucien E. Concin LAC Agent

X PLS

INITIALS

GRADE

GS-14

OFFICE PHONE

EMPLOYEE NO

750550

5450

TRAVEL PROGRAM NO

Amend # 1 to

FE 366-82

TRAVEL INFORMATION

BEGINNING

01 Aug

1967

TERMINATING

01 Oct

1967

Vietnam

YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS FOR TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.

TRAVELER, MORE, ACCOMMODATION AND PURPOSE

Amendment # 1 to change ITINERARY to read: Saigon, Vietnam to Hong Kong, I.C.C. (5 days TTY without per diem) to Washington, D.C. (10 days TTY for consultations) to Kansas City (H/L) to Washington, D.C. PCS.

All other provisions of original Travel Order to remain in effect.

TRAVELER'S SIGNATURE

DATE

OFFICE

TRAVELER'S SIGNATURE

DATE

OFFICE

TRAVELER'S SIGNATURE

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DATE

OFFICE

PROVIDE TRANSPORTATION BY

TRANSPORTATION REQUEST

CASH OR OTHER

DISPOSITION OF EFFECTS

AUTHORIZATION

SHIPMENT

SHIPMENT FOR AUTHORIZED

EXCESS BAGGAGE AUTHORIZED

FORGIVEN: POUNDS AND MODE

ACCOMPANIED

UNACCOMPANIED

DOMESTIC: INDICATE UNDER

"SPECIAL PROVISIONS" ABOVE

WHETHER ACCOMPANIED, OR NOT,

SIZE OF EACH PIECE, AND TOTAL

WEIGHT.

ADVANCE IN FUNDS AUTHORIZED

YES

ACCOUNTING OFFICE

NO

CERTIFY FUNDS ARE AVAILABLE

ESTIMATED COST OF TRAVEL

COUNTY OR REFERENCE NO.

ORIGINATING AGENCY CODE

DATE

8137-1487

SIGNATURE

DATE

8137-1487

SIGNATURE

DATE

8137-1487

SIGNATURE

DATE

8137-1487

SIGNATURE

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SIGNATURE

DATE

8137-1487

FORM 540

2-64

PREV. EDITION

1-64

1-64

1-64

1-64

1-64

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1-64

1-64

(20-68)

CONFIDENTIAL

TRAVEL ORDER

NAME: **Lucien E. Concin** Contract Agent DWS
 OFFICIAL STATION: **Vietnam** 5439 63-14

YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS CONCERNING TRAVEL, OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.

ITINERARY, MODE OF TRAVEL AND PURPOSE
 Authorized: Saigon - Hong Kong (5 days TDY-no per diem) - Washington, D.C. (PCS)
 Mode : Air
 Purpose : PCS
 Subject will proceed directly, without delays from Hong Kong, to Washington, D.C.

TRAVEL DURATION: 8/3 to 8/8
 1 Aug 67 to 1 Oct 67
 TRAVEL ALLOWANCE: \$ 15.00
 X OTHER: See below

ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS:
 Shipment of effects authorized from Saigon and Hong Kong.

DEPENDENT TRAVEL AUTHORIZED		DATE OF BIRTH (DD-MON-YY)		RELATIONSHIP	DATE OF BIRTH (DD-MON-YY)	RELATIONSHIP	DATE OF BIRTH (DD-MON-YY)	RELATIONSHIP
Elvete B.	1960	Wife	X					
Phillip J.	1960	Son						
Laurent P.	1963	Son						
Caroline R.	1963	Daughter	X					

Per Regs. Per Regs.
 X From Hong Kong X

COORDINATION: **ARR Hong**

SIGNATURE: **FZ LOC** DATE: **16/10/67** PLACE: **Vietnam**

SIGNATURE: **16/10/67** PLACE: **Vietnam**

CONFIDENTIAL

CLASSIFIED MESSAGE		TOTAL COPIES: 14	
SECRET		REPRODUCTION PROHIBITED	
PERSON/UNIT NOTIFIED		1. [Signature]	
2. [Signature]		3. [Signature]	
4. [Signature]		5. [Signature]	
ACTION: [Signature]		ADVANCE COPY	
<input checked="" type="checkbox"/> RID COPY		<input type="checkbox"/> ISSUED <input type="checkbox"/> SCAFFOLD <input type="checkbox"/> TUBES	
FILE: 112-3-51/PL 80-2			

SECRET 370900Z CITE HONG KONG 9287

DIRECTOR

MR. LOUIS CONEIN WILL DEPART HONG KONG ON 7 AUGUST 1967 VIA
PAN AM FLIGHT #2 AT 17:30, ARRIVING HEADQUARTERS 8 AUGUST 1967

AL 3500

SECRET

BT

SECRET

7 AUG 51 11 25 798

301

INDEX ☒ YES ☐ NO
CLASSIFIED MESSAGE **B** TOTAL COPIES **19**
SECRET
REPRODUCTION PROHIBITED
PERSON/UNIT NOTIFIED
FROM **K/P**
SUBJECT **FE 8** ☒ RID COPY ☐ ISSUED ☐ SLOTTED ☐ TUBED
UNIT TIME BY
FILE, **VR, CCS 3, CSL 5, OF 2, OF 2**

SECRET 270916Z CITE SAIGON 9831

PRIORITY HONG KONG INFO DIRECTOR

MR. LUCIEN CONEIN DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS

AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO

HQS.

SECRET

BT

SECRET

AASN

ACTION
27 JUL 1989

*Keep secret of his
move and the
as soon as we have
a date of arrival.
Hqg. Jto*

SECRET

15 NOV 1961

MEMORANDUM FOR: Chairman, CSOS

ATTENTION: Agent Panel

SUBJECT: Appointment of Career Agent

1. It is requested that [redacted] be approved for

[redacted]
to assist the Operating Divisions in emergency situations.

2. [redacted] has, over a long period of time, well demonstrated his operational value to this Agency, and thus is more than amply qualified under the terms of R 20-1000 which defines this category of personnel.

[redacted]
for
Parasilitary Group, CA

Attachment:
PES

CA/PAG/[redacted]

15 November 1961

Distribution:

- Orig. & 1 - Addressee
- 1 - CA/SG/PERS
- 1 - CA/C/PAG
- 2 - CA/PAG
- 1 - Chrono

SECRET

MEMORANDUM FOR: Clandestine Services Personnel Division

ATTENTION : Agent Panel

SUBJECT : Deletion of [redacted] from
Project [redacted]

1. [redacted] has been employed as a Career Agent in Project [redacted] since 16 October 1961. During that period he was assigned to the Saigon Station as a Staff Advisor on Paramilitary matters to the Chief of Station.

[redacted]

3. In view of the foregoing, it is requested that the name of [redacted] be removed from the Project [redacted] personnel assets.

[redacted]
Major General, USA
Chief, Special Operations Division

SECRET



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (true)	DATE (from item 3-2)	NAME OF SUPERVISOR (true)	DATE (from item 3-2)
Lucien C. Conain	June 1963	John H. Richardson	June 1963
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:		DATE	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	76. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
29 Nov 19	GS-13	C/PM GS-13	3 January 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		78. EXPECTED DATE OF DEPARTURE FROM FIELD
	Saigon, Vietnam		3 January 1964
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			77. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			30 January 1964

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on transmittal form):

Staff advisor in paramilitary matters to the Chief of Station. Station liaison officer to GVN Ministry of Interior, Hqs US Special Forces and Army of Vietnam Corps Commanders.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Would prefer to have an operational assignment.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE SPACES BELOW:	
<input checked="" type="checkbox"/> RETURN TO MY CURRENT STATION <input type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____ <input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS: 1ST. CHOICE <u>ME</u> 2ND. CHOICE <u>N. Africa</u> 3RD. CHOICE <u>VI</u>	
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>30</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: Wife - <u>34</u> Son - <u>5</u> Son - <u>3 1/2</u>	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT: <u>Child due 1 July</u>	
12. SIGNATURE: COMPLETE ITEM NO. 9-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: <u>I strongly endorse Subject's request for return on another tour to the Saigon Station.</u>	
14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING	
16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER	SIGNATURE
DATE	
FOR USE OF CAREER SERVICE	
17. EMPLOYEE <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED <u>REASSIGNMENT</u> <u>H/L # New Tour</u>	18. REFERENCE DISPATCH NO. <u>FISS 367</u> CABLE NO. _____
19. TYPED OR PRINTED NAME	20. SIGNATURE
21. TITLE <u>FM/AF/32</u>	22. DATE
23. COMMENTS <u>CAC Approved by William E Coffey 12 Sept 1963</u> <u>Concurred by H. Duganne SOD p/11 11 Sept 1963</u>	

SECRET

☐ UNCLASSIFIED☐ INTERNAL
ONLY☐ CONFIDENTIAL☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FITNESS REPORT- LUCIEN S. CONNIN- CAREER AGENT- 2R JEWEL

FROM:

SOD/Plans/

EXTENSION

NO

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. SOD/Pers.

2. D/C SOD Mr. Jorgenson

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

1-2: Fitness Report and
comments forwarded FYI.FE Division advises that they
will take no action re a promotion
unless the field comes in with
a specific recommendation by
dispatch.

→ to: Mr. Pot

Concur with promotion
to GS 14, also with
recommendation that FE
leave and promotion
alone. Please ask for
Mr. Hammer to check with
the best results with
MVD & find the correct
of that consultationRCJ
20 Dec 63FORM
1-62

610

USE PREVIOUS
EDITIONS☒ SECRET☐ CONFIDENTIAL☐ INTERNAL
USE ONLY☐ UNCLASSIFIED

SECRET

19 March 1963

MEMORANDUM FOR: SOD/Personnel

SUBJECT: Promotion - [REDACTED]

REFERENCE: Fitness Report dated 25 Feb. 1963

1. [REDACTED]

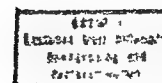
[REDACTED]

2. [REDACTED]

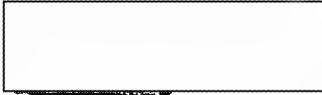
[REDACTED]

[REDACTED]
SOD/plans

SECRET

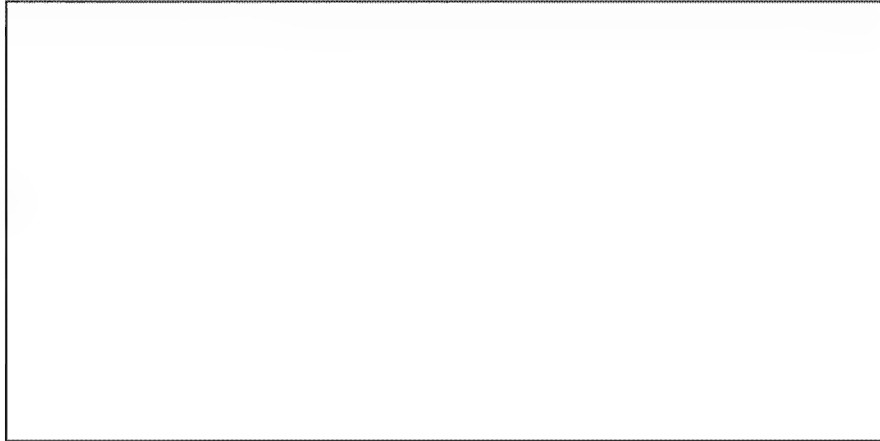


18 March 1963



1.

2.



503-512

MEMORANDUM FOR: Chief, FE/VCL

SUBJECT : Recommendation for Promotion of
to GS-14 Equivalent

REFERENCE : Fitness Report for Subject dated 23 February 1963

1. In reference Fitness Report, the Deputy Chief of Station and the Chief of Station, Saigon, recommend the promotion of ~~Subject~~ to the next higher GS equivalent. I concur in this recommendation.

2.

3.

GORDON L. JONATHAN
Acting Chief
Special Operations Division

Att:
Reference Fitness Report

SOD/FEVS/OLJ/RDI:neh

Distribution:

- Orig & 1 - Add'l/att.
- 1 - AC/SOD/w/o/att.
- 1 - SOD/Para/w/o/att.
- 1 - RI/SOD/w/o/att. - dmsy

TT/8-564/DIR/ DISPATCH FOLLOWS
VIA TELETAPE

DISPATCH		CLASSIFICATION		PROCESSING	
		SECRET		PRO POSED	ACTION
TO		CHIEF, FAR EAST DIVISION		MARKED FOR INDEXING	
INFO				NO INDEXING REQUIRED	
FROM		CHIEF OF STATION, SAIGON		ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING	
SUBJ		FITNESS REPORT ON		ABSTRACT	
				MICROFILM	
ACTION REQUIRED REFERENCES FVSS-2216					
<p>1. A FORMAL FITNESS REPORT ON [REDACTED] WILL BE DISPATCHED SHORTLY. AD INTERIM, THOSE QUESTIONS RAISED IN REFERENCE ARE ANSWERED BELOW.</p> <p>2. [REDACTED]</p> <p>3. [REDACTED]</p> <p>4. [REDACTED]</p>					
DISTRIBUTION BY TELETAPE 2-CFE BY PCUCH 1-CFE			/CONTINUED/		
CROSS REFERENCE TO			DATE TYPED		
			2/0/00 10R-20 AUG 1965		
CLASSIFICATION			DISPATCH SYMBOL AND NUMBER		
SECRET			FVST-3364		
			HEADING/NOTES FOR INDEXING		

TELETYPE

CONTINUATION OF
DISPATCH

CLASSIFICATION
S E C R E T

DISPATCH SYMBOL AND NUMBER
FVST-3044 PAGE-2

5.

STEPHEN P. SHORDEN

FORM 53a

USE PREVIOUS EDITION

CLASSIFICATION



EXTENSION

FORM 53a

S-E-C-R-E-T
(When Filled In)

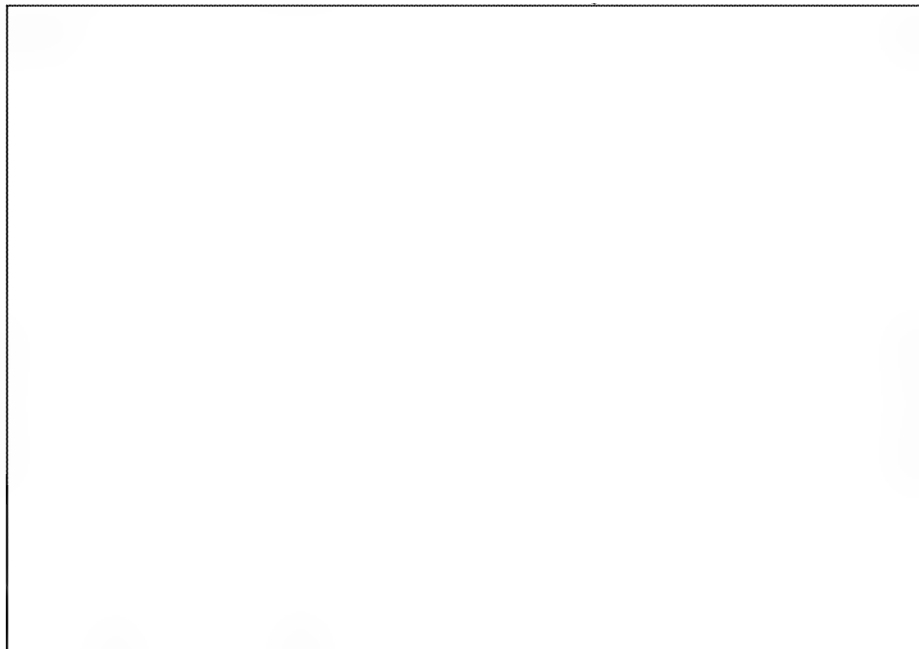
12 OCT 1961

MEMORANDUM FOR: Chief, CA/FMG

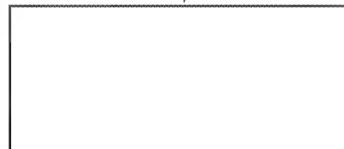
ATTENTION :

FROM : Deputy Director of Security (Investi-
gations and Operational Support)

SUBJECT : COMEIN, Lucien
#5025



FOR THE DIRECTOR OF SECURITY:



S-E-C-R-E-T
(When Filled In)

S-E-C-R-E-T
(When Filled In)

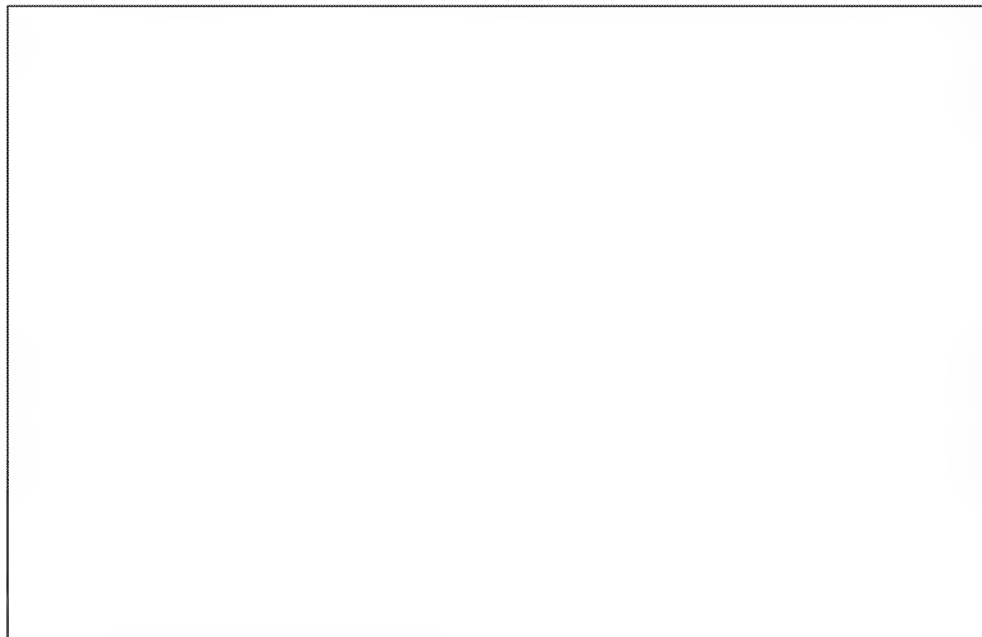
28 SEP 1961

MEMORANDUM FOR: Chief, CA/PMO

ATTENTION:

FROM : Deputy Director of Security (Investi-
gations and Support)

SUBJECT : CONEIN, Lucien
#5025



FOR THE DIRECTOR OF SECURITY:

S-E-C-R-E-T
(When Filled In)

SECRET
(EVEN WHEN BLANK)

NºSD 39264 A

DATE

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE) Lucien E. Conein

Lucien E. Conein
(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT



WITNESS: _____

SECRET

SECRET
(EVEN WHEN BLANK)

NºSD 39264 B

DATE

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE
UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIG-
NATURE WHERE REQUIRED:

WITNESS: _____

SECRET



SECRET

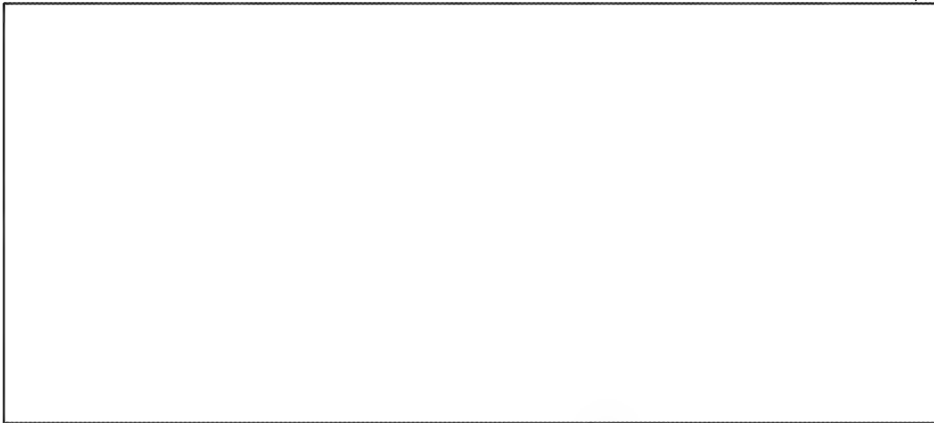
REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <small>(Always handcarry 1 copy of this form)</small>		DATE 21 September 1961	
TO:	CI/Operational Approval and Support Division	FROM: <div style="border: 1px solid black; height: 15px; width: 100%;"></div> x4ell; 2405 X. Bldg.	
	<input checked="" type="checkbox"/> Security Support Division/Office of Security		
SUBJECT: (True name) CONLTH, Lou		PROJECT ZRDEKX	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES <div style="border: 1px solid black; width: 150px; height: 40px; display: flex; align-items: center; justify-content: center;">being cancelled if it is done) being cancelled as are</div>		CI/OA FILE NO.	
		SI 201 FILE NO.	
		SO FILE NO.	
TYPE ACTION REQUESTED			
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL		<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL	
<input type="checkbox"/> OPERATIONAL APPROVAL		<input type="checkbox"/> PROPRIETARY APPROVAL	
<input checked="" type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL		<input type="checkbox"/> COVERT NAME CHECK	
<input checked="" type="checkbox"/> COVERT SECURITY APPROVAL		<input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
<input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS			
USE OF INDIVIDUAL OR ACTION REQUESTED			
SPECIFIC AREA OF USE In any area in which is needed			
FULL DETAILS OF USE To provide Paramilitary Skills in any area they are needed.			
INVESTIGATIVE COVER			
IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION Normal Procedure; Priority on PCGA and CBA per conversation with CA, CG/PERS			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
PRO AND GREEN LIST STATUS			
<input type="checkbox"/> PRO 1, OR EQUIVALENT, IN (2) COPIES ATTACHED		<input type="checkbox"/> PRO 11 WILL BE FORWARDED	
<input type="checkbox"/> PRO 11, OR EQUIVALENT, IN (1) COPY ATTACHED		<input type="checkbox"/> GREEN LIST ATTACHED, NO:	
FIELD TRACES			
<input type="checkbox"/> NO RECORD		<input checked="" type="checkbox"/> NO INFORMATION OF VALUE	
<input type="checkbox"/> DEROGATORY INFORMATION ATTACHED, WITH EVALUATION		<input type="checkbox"/> NOT INITIATED (Explanation)	
<input type="checkbox"/> WILL BE FORWARDED			
SI TRACES (Derogatory Information and Evaluation Attached)			
<input type="checkbox"/> NO RECORD		<input checked="" type="checkbox"/> NON-DEROGATORY	
<input type="checkbox"/> RECORD		<input type="checkbox"/> DEROGATORY	
DIVISION TRACES (Derogatory Information and Evaluation Attached)			
<input type="checkbox"/> NO RECORD		<input checked="" type="checkbox"/> NON-DEROGATORY	
<input type="checkbox"/> RECORD		<input type="checkbox"/> DEROGATORY	
SIGNATURE OF CASE OFFICER [Signature]		EXTENSION SIGNATURE OF BRANCH CHIEF [Signature]	

~~SECRET~~

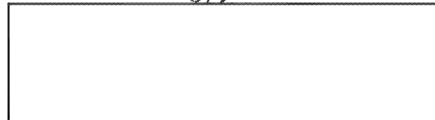
8 March 1961

MEMORANDUM FOR: Chief, FE Division

SUBJECT: Employment of Lou Conein



AL



cc: C/FE/VCL

SECRET

DO NOT USE THIS SPACE		PERSONAL HISTORY STATEMENT		THIS DATE (Fill in)	
ISSUED BY				25 September 1961	
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)			2. AGE		3. SEX
CONLIN, Lucien Dale			41 yrs		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
5' 11"	175 lbs	Blue	Brown	Fair	
10. SCARS (Type and Location)					
Appendectomy, hernia, etc. side of body					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
None					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
5011 Hanes Street McLean, Virginia Arlingwood 6-4811			1905 North 10th Street Kansas City, Kansas		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. & EXT.		16. LEGAL RESIDENCE (State, Territory or Country)	
Arlingwood 6-4811		Oxford 57742		Kansas	
17. NICKNAMES			18. OTHER NAMES YOU HAVE USED		
Lucy!					
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.					
NA					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority)					
NA					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
Position commensurate with past training and experience					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$ 11,500.00 P.Y.C.			1 October 1961		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER					
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
<input type="checkbox"/> WASHINGTON, D.C.		<input checked="" type="checkbox"/> ANYWHERE IN U.S.		<input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify)	
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.					
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.					
NONE					

SECTION III		CITIZENSHIP					
1. DATE OF BIRTH 22 Nov 1919	2. PLACE OF BIRTH (City, State, Country) [Redacted]	3. PRESENT CITIZENSHIP (Country) U.S.					
4. CITIZENSHIP ACQUIRED BY BIRTH <input type="checkbox"/> MARRIAGE <input checked="" type="checkbox"/> OTHER (Specify) [Redacted]		5. DATE NATURALIZED 11 Aug 1953	6. NATURALIZATION CERTIFICATE NO. [Redacted]				
7. COURT ISSUING NATURALIZATION CERTIFICATE District Court		8. ISSUED AT (City, State, Country) [Redacted]					
9. HAVE YOU HELD PREVIOUS NATIONALITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. IF YES, GIVE NAME OF COUNTRY France, (see above)					
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY. Born France 1919, emigrated U.S. 1925							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. GIVE PARTICULARS [Redacted]					
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.) [Redacted]							
15. DATE OF ARRIVAL IN U.S. Sept 1925	16. PORT OF ENTRY New York City, New York	17. ON PASSPORT OF WHAT COUNTRY France					
18. LAST U.S. VISA (No., Type, Place of Issue) Unknown		19. DATE VISA ISSUED Unknown					
SECTION IV							
EDUCATION							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE		<input checked="" type="checkbox"/> OVER TWO YEARS OF COLLEGE NO DEGREE					
<input type="checkbox"/> HIGH SCHOOL GRADUATE		<input type="checkbox"/> BACHELOR'S DEGREE					
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE					
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS		<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE					
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL [Redacted]		2. ADDRESS (City, State, Country) [Redacted]					
3. DATES ATTENDED (From and To) 1925 - 1928		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL Marydella HS		2. ADDRESS (City, State, Country) [Redacted]					
3. DATES ATTENDED (From and To) 1928 - 1934		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
1. NAME OF HIGH SCHOOL [Redacted]		2. ADDRESS (City, State, Country) [Redacted]					
3. DATES ATTENDED (From and To) [Redacted]		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM. OR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
University of Maryland	PSI		1934	1937			67
	So						

SECTION IV CONTINUED TO PAGE 1

SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
OCS, TIS, Ft Benning, Ga.	OCS	Mar 1943	July 1943	4
Special Warfare Ft. Bragg	Special Forces	Nov 1956	Dec 1956	1

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

SECTION V

FOREIGN LANGUAGE ABILITIES

I. LANGUAGE	COMPETENCE - IN ORDER LISTED												HOW ACQUIRED			
	G Read, W Write, S Speak												NATIVE SPEAKING	PRO- LONGED RES- IDENCE	CONTACT (with persons etc.)	ACADEMIC STUDY (all levels)
	RECEIVED	TO	FLUENT	FLUENT	FLUENT	FLUENT	FLUENT	FLUENT	FLUENT	FLUENT	FLUENT	FLUENT				
French																

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MEDICAL, AND OTHER SPECIALIZED AREAS.

NONE

5. IF YOU HAVE NOTED A PROFICIENCY IN A LANGUAGE WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

YES

NO

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.							
Military Assignments							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.							
SP 207111 27 July 1959 exp 27 July 1963							
SECTION VII TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
NA	NA	GREGG	SPEEDWRITING	STENO TYPE	OTHER (Specify):		
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).							
NA							
SECTION VIII SPECIAL QUALIFICATIONS							
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.							
Hunting - Good							
Fishing - Good							
Free Fall Parachuting - Good							
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK							
OSS and Agency trained Special Forces Battalion Commander 3 yrs Chief Military Liaison Group, ACUI Intel (FI) team Tuhazun Iran:							
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.							
None							

SECTION VII CONTINUED TO PAGE 5

SECTION VII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? ☐ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION IX EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 2, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

U.S. Army Sept 1961 to present

2. NAME OF EMPLOYING FIRM OR AGENCY

U.S. Army

3. ADDRESS (No., Street, City, State, Country)

Washington 25, D.C.

4. KIND OF BUSINESS

Military

5. NAME OF SUPERVISOR

Major General H. H. H. H.

6. TITLE OF JOB

1st Colonel

7. SALARY OR EARNINGS

\$10,000 per annum

8. CLASS. GRADE (If Federal Service)

1st Col.

9. DESCRIPTION OF DUTIES

U. S. Army Officer assigned to be Assistant Chief of Staff for Intelligence

10. REASONS FOR LEAVING

Retiring after 24 years 10 days service

SECTION IX CONTINUED TO PAGE 5

SECTION X		MILITARY SERVICE							
1. CURRENT DRAFT STATUS									
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2. SELECTIVE SERVICE CLASSIFICATION	3. SELECTIVE SERVICE NO.				
				NA					
4. IF DEFERRED, GIVE REASON USAR Ret Reserves		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS NA							
2. MILITARY SERVICE RECORD									
1. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP									
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify):
HAVE SERVED →									
NOW SERVING →	<input checked="" type="checkbox"/>								
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S) Parachute Infantry									
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)			4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)						
NA			over 20 years						
5. DATE ENTERED ACTIVE DUTY →		PAST SERVICE	CURRENT SERVICE		6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION				
22 Sept 1941		NA	NA		18 mos				
7. RANK, GRADE OR RATE →		PAST SERVICE	CURRENT SERVICE		8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)				
pvt		Lt. Col	01-32276						
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE		PAST SERVICE	CURRENT SERVICE						
		71542	31542						
10. SECONDARY MIL OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE		PAST SERVICE	CURRENT SERVICE						
		93000	39300						
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)									
Chief of Military Liaison Group, ARMISH/MAAG, APO 205 NY, NY									
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY									
HONORABLE DISCHARGE		RETIREMENT FOR SERVICE		UNDUE HARDSHIPS					
RELEASE TO INACTIVE DUTY		RETIREMENT FOR COMBAT DISABILITY		OTHER: NA					
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY							
13. CHECK (X) COMPONENT IN WHICH YOU SERVED									
<input checked="" type="checkbox"/> REGULAR	<input checked="" type="checkbox"/> RESERVE (Including the National and Air National Guard)	<input checked="" type="checkbox"/> OTHER (Including AUS)		AUS					
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS									
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR ROTC?		3. ARE YOU NOW A MEMBER OF THE ROTC?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW									
<input checked="" type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NAVY ROTC	INDICATE ROTC CATEGORY NUMBER				
<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> AIR NAT'L GUARD	<input type="checkbox"/> ARMY ROTC	<input type="checkbox"/> AIR FORCE ROTC					
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT RANK		7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION					
Lt Col		8 July 1958		1 Oct 1961					
8. CHECK (X) CURRENT RESERVE CATEGORY		STANDBY/Active		STANDBY/Inactive					
READY RESERVE				<input checked="" type="checkbox"/> RETIRED					
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE		10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE							
NA		NA							
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES									
NA									
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L GUARD OR ROTC TRAINING UNIT?		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NA							
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NA							
16. INDICATE TOTAL MILITARY SERVICE, YEARS MONTHS FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY		17. WHERE ARE YOUR SERVICE RECORDS KEPT?							
24		ACSI							

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
Not Applicable			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION	ADDRESS (City, State, Country)		
The Riggs Nat'l Bank, Lincoln Br.	17 & H Street, N.W. Washington, D.C.		
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
NA			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME	ADDRESS (No., Street, City, State)		
S.W. Rice Co.	1342 O. St. N.W., Washington, D.C.		
The First City Bank & Trust	Fort Bragg, North Carolina		
The Guaranty State Bank	1000 Minn Ave., Kansas City, Kansas		
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
NA			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) MARRIED			
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
Divorced from Nonique Pierre Weber, 23 December 1947, Paris, France. Divorce by mutual agreement. Divorced from Carmen Ols., 26 Mar 1957, Wyandotte County, Kansas			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for future			
3. NAME	(First)	(Middle)	(Last)
Elyette	BROCHOT	BROCHOT	CONEIN
4. STATE ANY OTHER NAMES EVER USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.	
NA			
5. DATE OF MARRIAGE	6. PLACE OF MARRIAGE (City, State, Country)		
30 March 1956	Dillon, South Carolina		
7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7 rue Docteur Charcot, Champsigny sur Marne, Seine, France			
8. LIVING	9. DATE OF DEATH	10. CAUSE OF DEATH	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NA	NA	
11. CURRENT ADDRESS (Give last address, if deceased)			
5011 Hanes Street, McLean, Virginia			
12. DATE OF BIRTH	13. PLACE OF BIRTH (City, State, Country)	14. CITIZENSHIP	
4 Sept 1929	Vinh Vietnam	USA	
SECTION XII CONTINUED TO PAGE 10			

SECTION XII CONTINUED FROM PAGE 9				
16. IF BORN OUTSIDE U.S. DATE OF ENTRY 23 December 1956		18. PLACE OF ENTRY New York City, New York		
16. FORMER CITIZENSHIP(S) (Country/ies) French		17. DATE U.S. CITIZENSHIP 14 July 1959	18. WHERE ACQUIRED (City, State, Country) U.S. Dist. Court for Dist of Col.	
19. OCCUPATION Housewife		20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers) NONE		
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) NA				
22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.) NA				
23. BRANCH OF SERVICE NA		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED NA		
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA				
SECTION XIII CHILDREN AND OTHER DEPENDENTS				
1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
Charles M. Consin	son	30 March '50 Ger Frankfurt	USA	4854 Kenmore
Laurent P. Consin	son	19 April '58 H.C. Fayetteville	USA	Alexandria, Va
Philippe J. Consin	son	16 Nov '59 Iran Teheran	USA	5011 Jones St.
				McLean, Virginia
2. NUMBER OF CHILDREN (including step-children and adopted children) WHO ARE UNMARRIED UNDER 21 YRS OF AGE, AND NOT SELF-SUPPORTING.		3	3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, step-parents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS OF AGE WHO ARE NOT SELF-SUPPORTING.	
			0	
SECTION XIV FATHER (Give same information as Section I - If Stepfather and not birth father, give separate sheet)				
1. NAME (Last, first, middle initial) Edwin, Lucien Rabier		2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH 1944	4. CAUSE OF DEATH heart attack
5. STATE OTHER NAMES HE HAS USED None		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS (Give last address, if deceased (No., Street, City, State, Country)) NA				
7. DATE OF BIRTH 10 March 1872	8. PLACE OF BIRTH (City, State, Country) Raux, Seine et Marne, France		9. CITIZENSHIP French	
10. IF BORN OUTSIDE U.S. DATE OF ENTRY NA		11. PLACE OF ENTRY NA		
12. FORMER CITIZENSHIP(S) (Country/ies) NA		13. DATE U.S. CITIZENSHIP ACQUIRED NA	14. WHERE ACQUIRED (City, State, Country) NA	
15. OCCUPATION NA		16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) NA		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED NA				
18. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.) 1914 - 1918		19. BRANCH OF SERVICE unk		20. COUNTRY France
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA				

SECTION XV MOTHER (Give same information for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle) Estelle Leontine Cousin		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. DATE OF DEATH NA		4. CAUSE OF DEATH NA	
5. STATE OTHER NAMES SHE HAS USED Estelle Leontine Elin (maiden)			
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) 150 Monterey Street, Brisbane, California			
7. DATE OF BIRTH 6 June 1897		8. PLACE OF BIRTH (City, State, Country) Soerabai, Dutch East Indies	
9. CITIZENSHIP U.S.			
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY 22 May 1948		11. PLACE OF ENTRY New York City, New York	
12. FORMER CITIZENSHIP(S) (Country/ies) French		13. DATE U.S. CITIZENSHIP ACQUIRED 10 November 1959	
14. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) None		15. WHERE ACQUIRED (City, State, Country) Dist. Court, San Francisco, Cal.	
16. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED NA			
17. DATES OF MILITARY SERVICE (From-and-To) NA		18. BRANCH OF SERVICE NA	
19. COUNTRY NA			
20. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Steps and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) Cousin, Maurice Rene		2. RELATIONSHIP Brother	
3. CITIZENSHIP (Country) French		4. AGE 30	
5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country) Unknown Charente-sur-Mer, Sarthe, France			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. CITIZENSHIP (Country)		4. AGE	
5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country)			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. CITIZENSHIP (Country)		4. AGE	
5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country)			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. CITIZENSHIP (Country)		4. AGE	
5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country)			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. CITIZENSHIP (Country)		4. AGE	
5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country)			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. CITIZENSHIP (Country)		4. AGE	
5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country)			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. CITIZENSHIP (Country)		4. AGE	
5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CURRENT ADDRESS (No., Street, City, Zone, State, Country)			

SECTION XVII		FATHER-IN-LAW	
1. FULL NAME (Last-First-Middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
John James Jones BROCHOT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
5. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
Unknown			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
Noumea, New Caledonia			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
Unknown	Noumea, New Caledonia	French	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country(ies))	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)		
self employed	self employed		

SECTION XVIII		MOTHER-IN-LAW	
1. FULL NAME (Last-First-Middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
Marie Brochot	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1947	Cancer
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
NA			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
NA			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
NA	NA	French	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country(ies))	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)		
NA	NA		

SECTION XIX			
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	
CONTEIN, Maurice Rene	Brother	39	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
Chamblay, rue Ma 12, Solon France	Unknown		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
French	Seldom	14 Sept 1962	
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	
BROCHOT, John James Jones	Father-in-law	Unk	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
Noumea, New Caledonia	Self-employed		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
French	Have never seen	never contacted	
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	

SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

SECTION XX

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1. NAME (Last-First-Middle) MA	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

SECTION XXI

REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
B/Ocn Ehr. G. Lansdale	Of Asst Sec Def.	4503 MacArthur Blvd Washington, D.C.
Hon. Errett P. Scrivner	Congress	2311 Cathedral Av. N.W. Washington, D.C.

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES, SUPERVISORS, OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
-----------------------------	---	--

3. LIST THREE NEIGHBORS OF YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
-----------------------------	---	--

SECTION XXII

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (include membership in, or support of, any organization having headquarters or branch in a foreign country) in which you belong or have belonged.

[illegible]

SECTION XXIII

RESIDENCES FOR THE PAST 15 YEARS

[illegible]

SECTION XXIV

ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?

YES

NO

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?

X

YES

NO

4. IF SO, TO WHAT EXTENT?

Occasionally

5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?

X

YES

NO

6. IF SO, TO WHAT EXTENT?

7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?

X

YES

NO

IF ANSWER IS "YES", GIVE COMPLETE DETAILS.

Military Liaison to J-2 BCS, Imp Iranian Army 1959 to 1961

8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940

U.S. Army

9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.

CSB 1943
BSU 1946
CIB 1947
CIA 1948-49

U.S. Army 1956-57
ACSI D of A 1959

NOTE SPECIAL INSTRUCTIONS

If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?

YES

IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.

X

NO

11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION, OR SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.

X

YES

X

NO

12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REEQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.

X

YES

X

NO

SECTION XXV

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (First-Middle-Last)

Elyette Brocniat Cansin

2. RELATIONSHIP

Wife

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

4. HOME PHONE NO.

Elwood 6-6811

5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

Dept of Army

6. BUSINESS PHONE NO. & EXT.

OX 57742

7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

Mrs. Estelle Cansin 150 Monterey St. Brisbane, Calif.

Mother

SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES

25 September 1961

2. SIGNATURE OF APPLICANT

Lucille Brown

3. SIGNED AT (City and State)

Washington D. C.

4. SIGNATURE OF WITNESS

H. C. Rucker, Jr.

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.



DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

AGPO-SR 201 Cosein, Lucien E.
01 322 769

22 September 1961

SUBJECT: Retirement

TO: Lieutenant Colonel Lucien E. Cosein, 01322769, Infantry

Lieutenant Colonel Lucien E. Cosein, 01322769, Army of the United States, (Lieutenant Colonel, Infantry, United States Army Reserve) upon his application is retired from active service under the provisions of title 10, United States Code, section 3911, after more than 20 years of active Federal service. He is relieved from assignment and duty Washington, D. C., effective date of change of strength accountability: 30 September 1961 and placed on Army of the United States Retired List 1 October 1961. On 1 October 1961 he is transferred to United States Army (Retired Reserve) and assigned to United States Army Control Group (Retired) at appropriate United States Army Corps. Home of selection and completion of travel within one year is authorized. Permanent change of station. Travel directed is necessary in the military service. Pamphlet--"Personal Property Shipping Information" is applicable. 2122010 01-1731-1732-1733 P 1317 S99.999. Separation program number 567.

By Order of the Secretary of the Army:

Adjutant General

OFFICER EFFICIENCY REPORT (AR 600-103 and SR 600-103-1)				
SECTION I				
1. LAST NAME - FIRST NAME - MIDDLE INITIAL CONNIN, Lucien E.		2. SERVICE NO. 0 1 322 769	3. GRADE Major	4. BRANCH Inf
5. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER Support Group (8706) Washington 25, D. C.		7. PERIOD OF REPORT		
		FROM (Da,mo,yy) 1 May 56	TO (Da,mo,yy) 17 Oct 56	DUTY DAYS 126
		OTHER DAYS 44		
8. REASON FOR REPORT		9. BASIS FOR RATING OFFICER'S ENTRIES		
<input type="checkbox"/> Annual <input type="checkbox"/> Change duty rated officer <input checked="" type="checkbox"/> PCS rated officer <input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records		
10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS 9300, job assignment, and briefly describe major additional duties).				
11. OFFICER CHARACTERISTICS				
		RATER		INDORSER
		UNKNOWN	UNSATIS- FACTORY	UNSATIS- FACTORY
a. How effective is this officer in the maintenance of supply discipline?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. How effective is this officer in utilization of personnel?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?		UNKNOWN	NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If UNKNOWN or NO explain in detail in item 12a.		
12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days () and discuss strengths and weaknesses exhibited in combat.				
a. Comments of rating officer				
<p>An animated imaginative officer. Impetuous, verbose in talk, he is more realistic in action. He has an agile mind which does not take well to discipline. Speaks French fluently. Is able to develop and work with foreign personnel at all levels. Extremely adaptable.</p>				
b. Comments of indorsing officer				
<input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report.				
<p>This Officer is particularly well suited for unconventional warfare operations.</p>				
13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT		14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT		
Under My Supervision:		Under My Jurisdiction:		
<input type="checkbox"/> Chief of Station, GS-15		<input type="checkbox"/> Branch Chief, GS-15		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-103 AND SR 600-103-1.		I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-103 AND SR 600-103-1.		
DATE 31 OCT		DATE		
15. THIS REPORT HAS INCLOSURES. (Insert "N" if appropriate).		16. DATE ENTERED ON DA FORM 66 PERSONNEL OFFICER'S I ALS 17 Oct 56		

DA FORM 67-3
1 OCT 55

REPLACES DA AGO FORM 67-3, 1 SEP 50,
WHICH WILL BE OBSOLETE 31 OCT 55.

RATED OFFICER'S NAME AND SERVICE NUMBER

COHEN, Lucien E., O 1 22769

SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER					INDORSER				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A Command a unit.					B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Serve as a staff officer.					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specify: UW or Guerrilla Warfare Ops				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C Work as a specialist, professional person, or technician.					E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specify: Sabotage, GW, Special Forces					F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D Conduct military instruction.					H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc.					J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specify: Research & Development, Special Force Techniques				
F Carry out an assignment involving mostly administrative duties.									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
G Represent your viewpoint in liaison activities.									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
H Make decisions and take action in your name during your absence - e.g., act as your deputy.									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
I Be responsible in an emergency requiring forceful leadership.									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
J Other.									
Specify: Research & Development, Special Force Techniques									

Comment on and/or clarify above ratings if necessary

Subject's forte is not administration; he is a specialist in airborne and similar types of special operations demanding a high degree of initiative, energy, and perseverance.

*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command

SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

	RATER	INDORSER
7. Exceeds any other officer I know in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
6. Outstanding performance of this duty found in very few officers.	<input type="checkbox"/>	<input type="checkbox"/>
5. Very fine performance of such a nature that this officer is a distinct asset to the service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Performs this duty in a competent, dependable manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Performs this duty acceptably.	<input type="checkbox"/>	<input type="checkbox"/>
2. Barely adequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
1. Inadequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

	RATER	INDORSER
6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.	<input type="checkbox"/>	<input type="checkbox"/>
5. Should give an outstanding performance when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
4. Should give a competent and dependable performance when promoted to next higher grade.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Should give a fairly adequate performance of duty when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.	<input type="checkbox"/>	<input type="checkbox"/>
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

	RATER	INDORSER
8. The most outstanding officer I know.	<input type="checkbox"/>	<input type="checkbox"/>
7. One of the few highly outstanding officers I know.	<input type="checkbox"/>	<input type="checkbox"/>
6. A very fine officer who is a great asset to the service.	<input type="checkbox"/>	<input type="checkbox"/>
5. A competent, dependable officer of distinct value to the service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. A typically effective officer.	<input type="checkbox"/>	<input type="checkbox"/>
3. An acceptable officer whose value is limited in some respects.	<input type="checkbox"/>	<input type="checkbox"/>
2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.	<input type="checkbox"/>	<input type="checkbox"/>
1. An officer who is not of the caliber that one should reasonably expect in an officer.	<input type="checkbox"/>	<input type="checkbox"/>

OFFICER EFFICIENCY REPORT (AR 600-100 and SR 600-105-1)					
SECTION I					
1. LAST NAME - FIRST NAME - MIDDLE INITIAL CONLEY, Lucien E.		2. SERVICE NO. 0 1 322 769	3. GRADE Maj	4. BRANCH Inf	5. COMPONENT USAR
6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER Sgt. Gp. 8706th DU Washington 25, D. C.		7. PERIOD OF REPORT FROM (Dd, mo, yr) TO (Dd, mo, yr) DUTY DAYS OTHER DAYS 31 Apr '56			
8. REASON FOR REPORT <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Change duty rated officer <input type="checkbox"/> PCS rated officer <input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Other (Specify)		9. BASIS FOR RATING OFFICER'S ENTRIES <input checked="" type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records			
10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS, job assignment, and briefly describe major additional duties). <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>					
11. OFFICER CHARACTERISTICS					
		RATER		INDORSER	
		UNKNOWN	UNSATIS- FACTORY	UNKNOWN	UNSATIS- FACTORY
		SATIS- FACTORY		SATIS- FACTORY	
a. How effective is this officer in the maintenance of supply discipline?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. How effective is this officer in utilization of personnel?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?		UNKNOWN	NO	YES	If UNKNOWN or NO explain in detail in item 12a.
d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.
12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days (days) and discuss strengths and weaknesses exhibited in combat.					
a. Comments of rating officer <p style="margin-left: 40px;">Has demonstrated outstanding leadership, including the ability to assess a situation correctly, make proper decisions on his own initiative, and cope with emergencies skillfully. Much of his duties were performed in territory in which enemy agents were active; some were performed under enemy fire.</p>					
b. Comments of indorsing officer <input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report. <p style="margin-left: 40px;">An outstanding officer, thoroughly qualified technically in his field, practical, energetic and bold. Undertook difficult missions under most trying conditions and carried them out successfully.</p>					
13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div> <p style="margin-left: 40px;">MAAG - Vietnam</p>			14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT <p style="margin-left: 40px;">Edward G. LANSDALE, Colonel, 2534A, USAF, MAAG - Vietnam</p>		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-100 AND SR 600-105-1. DATE <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>			I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-100 AND SR 600-105-1. DATE <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> SIGNATURE E G Lansdale		
15. THIS REPORT HAS INCLOSURES. (Insert "0" if appropriate).			15. DATE ENTERED ON DA FORM 60 PERSONNEL OFFICER'S INITIALS		

DA FORM 67-3
1 OCT 53

REPLACES DA AGO FORM 47-3, 1 SEP 52,
WHICH WILL BE OBSOLETE 31 OCT 53.

RATED OFFICER'S NAME AND SERVICE NUMBER

SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER						INDORSER					
1	2	3	4	5		1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Command a unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B Serve as a staff officer. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Work as a specialist, professional person, or technician. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Conduct military instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Carry out an assignment involving mostly administrative duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Represent your viewpoint in liaison activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Make decisions and take action in your name during your absence - e.g., act as your deputy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Be responsible in an emergency requiring forceful leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Other. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J

Comment on and/or clarify above ratings if necessary

*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

- | | RATER | INDORSER |
|---|-------------------------------------|-------------------------------------|
| 7. Exceeds any other officer I know in performance of this duty. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Outstanding performance of this duty found in very few officers. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Very fine performance of such a nature that this officer is a distinct asset to the service. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Performs this duty in a competent, dependable manner. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Performs this duty acceptably. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Barely adequate in performance of this duty. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Inadequate in performance of this duty. | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

- | | RATER | INDORSER |
|--|-------------------------------------|-------------------------------------|
| 6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Should give an outstanding performance when promoted to next higher grade. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Should give a competent and dependable performance when promoted to next higher grade. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Should give a fairly adequate performance of duty when promoted to next higher grade. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted. | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

- | | RATER | INDORSER |
|--|-------------------------------------|-------------------------------------|
| 3. The most outstanding officer I know. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. One of the few highly outstanding officers I know. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. A very fine officer who is a great asset to the service. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A competent, dependable officer of distinct value to the service. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A typically effective officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. An acceptable officer whose value is limited in some respects. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. An officer who is not of the caliber that one should reasonably expect in an officer. | <input type="checkbox"/> | <input type="checkbox"/> |

OFFICERS EFFICIENCY REPORT WORK SHEET

SECTION 1

1. LAST NAME - FIRST NAME - MIDDLE INITIAL
COLEMAN, LARRY F.

2. SERVICE NO.
01212 749

3. GRADE
MAJ

4. BRANCH
INF

5. COMPONENT
USAR

6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER

7. PERIOD OF REPORT

FROM (Dc, mo, yr) TO (Dc, mo, yr) DUTY DAYS OTHER DAYS

8. REASON FOR REPORT

☒ Annual
☐ Change duty rated officer
☐ PCS rated officer
☐ Change duty rating officer
☐ PCS rating officer
☐ Other (Specify)

9. BASIS FOR RATING OFFICER'S ENTRIES

☒ Close daily contact
☐ Infrequent observation
☐ Frequent observation
☐ Reports and records

10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS, job assignment, and briefly describe major additional duties).

Classified duties comparable to a Special Forces troop commander on an isolated mission

11. OFFICER CHARACTERISTICS

a. How effective is this officer in the maintenance of supply discipline?

b. How effective is this officer in utilization of personnel?

c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?

d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?

RATER		INDORSER	
UNKNOWN	SATISFACTORY	UNKNOWN	SATISFACTORY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If UNKNOWN or NO explain in detail in item 12a.
If UNKNOWN or NO explain in detail in item 12a.

12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days () and discuss strengths and weaknesses.

a. Comments of rating officer

13. DATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT

14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT

EDWARD G. LANSDALE, COLONEL, 2534A, USAF, MAAG, VIETNAM

I CERTIFY THAT THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-1 AND AR 600-101.

DATE SIGNATURE

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-1 AND AR 600-101.

DATE SIGNATURE

15. THIS REPORT HAS INCLOSURES (None = 0 - if appropriate)

15. DATE ENTERED ON DA FORM 65 PERSONNEL OFFICER'S INITIALS

FILE COPY

RATED OFFICER'S NAME AND SERVICE NUMBER

SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER					INDORSER				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comment on and/or clarify above ratings if necessary

* For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

7. Excels any other officer I know in performance of this duty.
6. Outstanding performance of this duty found in very few officers.
5. Very fine performance of such a nature that this officer is a distinct asset to the service.
4. Performs this duty in a competent, dependable manner.
3. Performs this duty acceptably.
2. Barely adequate in performance of this duty.
1. Inadequate in performance of this duty.

RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officer's of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

8. The most outstanding officer I know.
7. One of the few high, outstanding officers I know.
6. A very fine officer who is a great asset to the service.
5. A competent, dependable officer of distinct value to the service.
4. A typically effective officer.
3. An acceptable officer whose value is limited in some respects.
2. An officer who performs acceptably in a limited range of assignments but who could easily be replaced.
1. An officer who is not of the caliber that one should reasonably expect in an officer.

RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

5. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.
4. Should give an outstanding performance when promoted to next higher grade.
3. Should give a competent and dependable performance when promoted to next higher grade.
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.

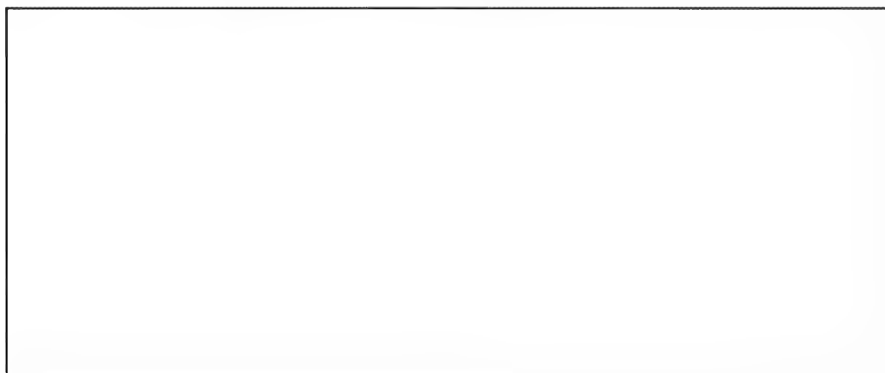
RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>


SECRET

13 August 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION

SUBJECT : Major Lucien E. CORBIN




Chief, Far East Division

STANDARD FORM 52 FORM 52-1 (REV. 1-55) REQUEST FOR PERSONNEL ACTION		UNVOUCHERED	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs.—One given name, initial(s), and surname) Major Lucien E. CORSEY		2. DATE OF BIRTH 29 Nov. 1919	3. REQUEST NO.
4. DATE OF REQUEST 4 May 56		5. EFFECTIVE DATE A. PROPOSED: B. APPROVED: JUL 29 1956	
6. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment			
B. POSITION (Specify whether establish, change grade or title, etc.)			
7. POSITION TITLE AND NUMBER		8. SERVICE, GRADE, AND SALARY	
9. ORGANIZATIONAL DESIGNATIONS		10. HEADQUARTERS	
11. FIELD OR DEPARTMENTAL		12. FIELD OR DEPARTMENTAL	
13. COMMENTS (Use reverse if necessary)			
14. T/O change - no change in supervisor			
15. REQUESTED BY (Name and title) S. P. [illegible]		16. REQUEST APPROVED BY Signature: _____ Title: _____	
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Room 1001, 330		18. POSITION CLASSIFICATION ACTION NEW VICE I A REAL	
19. SPECIAL PRECEDENCE NONE ORN OTHER SPT IS POINT DISAB OTHER		20. DATE OF REPORT 18. DATE OF REPORT MENT AFFIDAVITS (ACCESSIONS ONLY)	
21. APPROPRIATION FROM 6-3725-55-039 TO: None		22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
23. STANDARD FORM 50 REMARKS			
24. CLEVERANCES			
25. INITIAL ON SIGNATURE			
26. DATE			
27. REMARKS			
28. APPROVED BY			

USED IN lieu OF SF50
 NOTIFICATION ON PERSONNEL
 ACTION

RECOMMENDATION FOR HONOR AWARD (REGULATIONS 4-20-635 & AIR 20-635)			DATE 10 July 1970	
TO: Honor Awards Board		THROUGH: LAC	FROM: Chief of Section, Saigon (Military)	
SECTION I PERSONAL DATA				
NAME OF PERSON RECOMMENDED (Last) (First) (Middle)		POSITION TITLE	GRADE	
CLARK, Lucien S.		Parasitologist, Officer	Major, USAF	
OFFICE ASSIGNED TO 228/78-4		STATION <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Field (Specify location) Saigon, Vietnam		
LEGAL RESIDENCE (Number, street, city, zone, state) 1325 D. North St., Kansas City, Kansas			CITIZENSHIP AND HOW ACQUIRED U.S. (Naturalized)	
IF ANY OF THE ABOVE ITEMS WERE DIFFERENT FOR THE INDIVIDUAL RECOMMENDED AT THE TIME OF THE ACT OR SERVICE, INDICATE SUCH DIFFERENCES. NA				
RECOMMENDED AWARD Distinguished Intelligence Medal			POSTHUMOUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME OF NEXT OF KIN Carolyn Clark		RELATIONSHIP Wife	ADDRESS (Number, street, city, zone, state) 1517 Alameda St., Niles, Ill., Va.	
IF PREVIOUS RECOMMENDATIONS WERE SUBMITTED FOR THIS ACT OR SERVICE, INDICATE TYPE OF AWARD RECOMMENDED, BY WHOM, DATE, ORIGINATING OFFICE, AND ACTION TAKEN. NA				
SECTION II RECOMMENDATION FOR AWARD FOR HEROIC ACTION				
WERE YOU AN EYEWITNESS TO THE ACT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF ORIGINATOR IS NOT AN EYEWITNESS, ATTACH AFFIDAVITS OR CERTIFICATES OF EYEWITNESSES OR INDIVIDUAL HAVING PERSONAL KNOWLEDGE OF THE FACTS.		
PERSONNEL IN IMMEDIATE VICINITY OR WHO ASSISTED IN ACT OR SHARED IN SAME HAZARD:				
FULL NAME		POSITION TITLE	GRADE	OFFICE ASSIGNED TO
LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECOMMENDED FOR AWARD FOR PARTICIPATING IN ACT:				
FULL NAME		TYPE OF AWARD		
CONDITIONS UNDER WHICH ACT WAS PERFORMED:				
LOCATION		INCLUSIVE DATES	TIME OF DAY	
PREVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED				
SECTION III RECOMMENDATION FOR AWARD FOR ACT OR SERVICE				
OFFICE, COMMAND, ORIGINATING OFFICE, DATE, RECOMMENDATION, AND ACTION TAKEN				
INCLUSIVE DATES FOR WHICH RECOMMENDED		ASSIGNMENT	NOT IN SAME OR RELATED ASSIGNMENT	

501 file

SECTION IV

TO BE USED FOR ALL RECOMMENDATIONS

NARRATIVE DESCRIPTION OF ☐ DEED (OR ACT) ☐ ACHIEVEMENT PERFORMED (OR SERVICE RENDERED)

UNDER THE AEROSPACE ACTION: HAS ACT VOLUNTARY? DESCRIBE WHY ACT WAS OUTSTANDING AND IF IT WAS MORE THAN NORMALLY EXPECTED. EXPLAIN HOW, IF IN AERIAL FLIGHT, DESCRIBE TYPE AND POSITION OF AIRPLANE, OTHER POSITION OF INDIVIDUAL, AND ALL UNUSUAL CIRCUMSTANCES. INDICATE RESULTS OF ACT.

UNDER THE ACHIEVEMENT OR SERVICE: TITLE AND DUTIES OF ASSIGNMENT, INCLUDING CHARACTER OF SERVICE DURING PERIOD FOR WHICH RECOMMENDED. GIVE COMPLETE DESCRIPTION OF TECHNICAL OR SPECIALIZED POSITIONS, INCLUDING DATES OF ASSIGNMENT AND RESULTS. WHAT DID THE INDIVIDUAL DO THAT MERITS THE AWARD? WHY WAS THIS OUTSTANDING WHEN COMPARED TO OTHERS OF LIKE GRADE AND EXPERIENCE IN SIMILAR POSITIONS? INDICATE RESULTS OF ACHIEVEMENT OR SERVICE.

SEE ATTACHMENT

RELATES TO ACTION OF PERSON INITIATING RECOMMENDATION TO PERSON BEING RECOMMENDED

SEE ATTACHMENT

NAME, POSITION, TITLE, AND GRADE OF PERSON MAKING RECOMMENDATION

1. NAME, TITLE, GRADE

2. DATE OF RECOMMENDATION, PLACE OF RECOMMENDATION

LIST OF ENCLOSURES (include proposed citation)

1. RECOMMENDATION FORM, 10-10-10

SIGNATURE

DATE

13 June 1955

LUCIEN COMBES

1. Served with the Saigon Military Mission from 1 July 1954 to 26 April 1955; although he has served in Saigon at another station from September 1955 to date, he has voluntarily supported SSI activities in his spare time. Combes's major duties have been in the paramilitary field, with contributions and support to a wide variety of other activities.

2. In July and early August 1954, Combes served as assistant to the Chief of SSI. As such, he helped in making contact with Vietnamese political underground groups in Tonkin and Cochinchina, assisted in the initial survey of the Vietnamese resistance potential in Tonkin, aided in SSI political efforts to stop the assassination of French military by Vietnamese revolutionaries and participated in developing SSI's contacts with the Vietnamese government.

3. In August 1954, additional paramilitary personnel reported for duty with SSI and it was decided to place a separate SSI team in Tonkin to attempt to recruit, train, and place Vietnamese stay-behind forces there prior to the turn-over of the area to the Communist Vietnamese under the Geneva Agreement. Training, sabotage tactics and other matters were discussed in detail. The stay-behind organizations were in place when the French took over the North, despite the presence of a large number of Vietnamese troops in the area of Hanoi. Important sabotage, within U.S. imposed limits, was successfully carried out.

4. The stay-behind organization was developed by Combes personally. It was successfully checked against operational equipment in Tonkin, recruited, secretly infiltrated, supervised over a long period, and actively infiltrated the stay-behind organization into Tonkin successfully prior to the last phase of the Vietnam takeover of September 1954. All equipment was in place, the radio was, by 15 January 1955, which was a great feat of organizing since it had to be done under the increasing surveillance of Vietnamese secret security forces who penetrated into French-held areas in Tonkin in the final days. Cover in the form of personnel was supplied over a 60-day period in March 1955.

5. Sabotage efforts included the destruction of the oil refinery of the Shell Petroleum Company and the destruction of the Saigon railway. Both organizations were located in Japan by the technical division which was sent into Tonkin by SSI. Communication was to be established at the last minute, to insure that it was sabotage and sabotage rather than the other way around. The

Bus Company was accomplished with the willing help of its French manager, whose friendship was developed by Cobain; the final operation was a unilateral operation by SMI.

6. The oil contamination took place just prior to the Vietnamese takeover of Hanoi on 9 October 1954. Cobain, assisted by Frank Carters, gained entry to stored drums of the Bus Company's lubricating oil, opened the drums, and started pouring in the contaminant. Fumes from the contaminant overcame them in the enclosed storage space. Upon reviving, the two placed handkerchiefs over their faces and completed the task.

7. Surveys and plans also were made for other sabotage missions, which were later cancelled by U.S. decisions. The team was in place and capable of carrying out the missions.

8. On 11 January 1955, SMI had so multiple and complex a mission that personnel were reorganized into separate teams by operational duties rather than by geography. Cobain was appointed Chief of the White Team, which was responsible for all paramilitary and support operations. The latter included a skilled smuggling operation which successfully eluded Vietnamese security agents and the International Commission (Poles, Russians, Canadians). Cobain's close friendship with the French Foreign Legion and with Corsican underworld elements was of assistance.

9. In April 1955, Corsican contacts started developing a liaison between SMI and the Binh Xuyen (police, opium, prostitution, and gambling) through Cobain. This was an alternative to rebellion, since the latter concept had been rejected by the Binh Xuyen. SMI, on the other hand, was a more realistic approach to the Vietnamese National Army and the Binh Xuyen. It was a winning game, since the Binh Xuyen had been used by the Binh Xuyen to win first publicly by the Binh Xuyen and Cobain's connections and above by them. After several cloak-and-dagger contacts, in which negotiations addressed towards a covert solution of the Binh Xuyen problem, the final contact was broken on 15 April by orders of the chief, SMI. Cobain was at the contact point when open fighting broke out in Saigon in the afternoon; it was feared that Cobain would be taken prisoner and held as a hostage. (During the fighting on American 100th Infantry, as in a third contact, all part was shot down by the Binh Xuyen, who murdered his death as an agent of the chief of SMI. His close social friendship with Cobain was the only connection; SMI's cover operation, the Chief of Staff of the Binh Xuyen, was shot down and killed in the floor of a taxi, transported from a meeting, when he had observed the activities of the police-controlled National Army. It was the only through the Binh Xuyen and joined the National Army. The side facts are entered only to indicate the situation. Cobain was as a member of SMI in Saigon, with the Binh Xuyen, the psychological action against the Binh Xuyen towards the government by SMI).

10. Connel's practical solutions to problems, great resourcefulness, skill and knowledge of equipment as well as all phases of paramilitary operations, contributed materially to the success of the Saigon Military Mission in advancing U.S. objectives. Connel is a good, strong right-hand man in a tight spot and proved it in a number of tense situations during this assignment.

EDWARD C. LAMMERS
Colonel, USAF
Chief, Saigon Military Mission

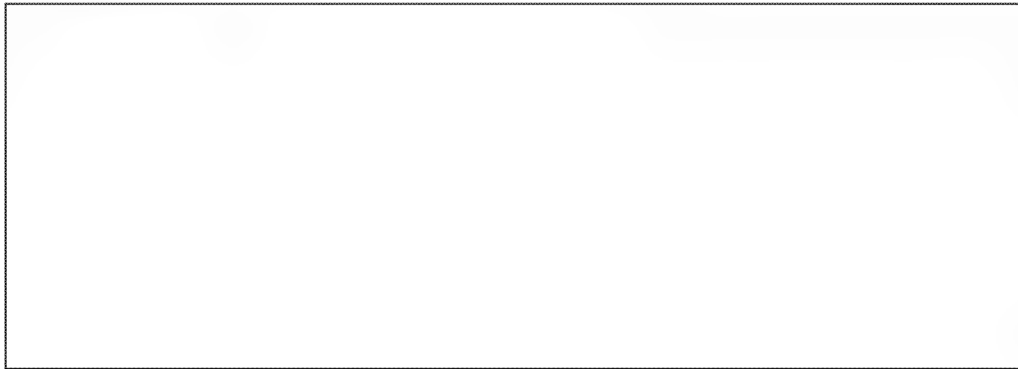
SECRET

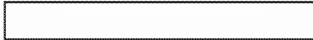
26 June 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION

SUBJECT : Request for Orders -
Major Lucien E. COMED

REFERENCE : IN 33577, dated 22 June 1956




Chief, War Staff Division

Lucien E. Corwin

24 May 52.

Date of Rank: 27 Dec 50 (Promoted to Major and
inactive reserve effective



SECRET

AMENDMENT TO
LETTER OF AUTHORIZATION FOR [REDACTED]

1956 Reference is made to your Letter of Authorization, effective 12 APRIL 27 OCTOBER 1955, which defines your relationship with the United States Government



UNITED STATES OF AMERICA

BY _____
Contracting Officer

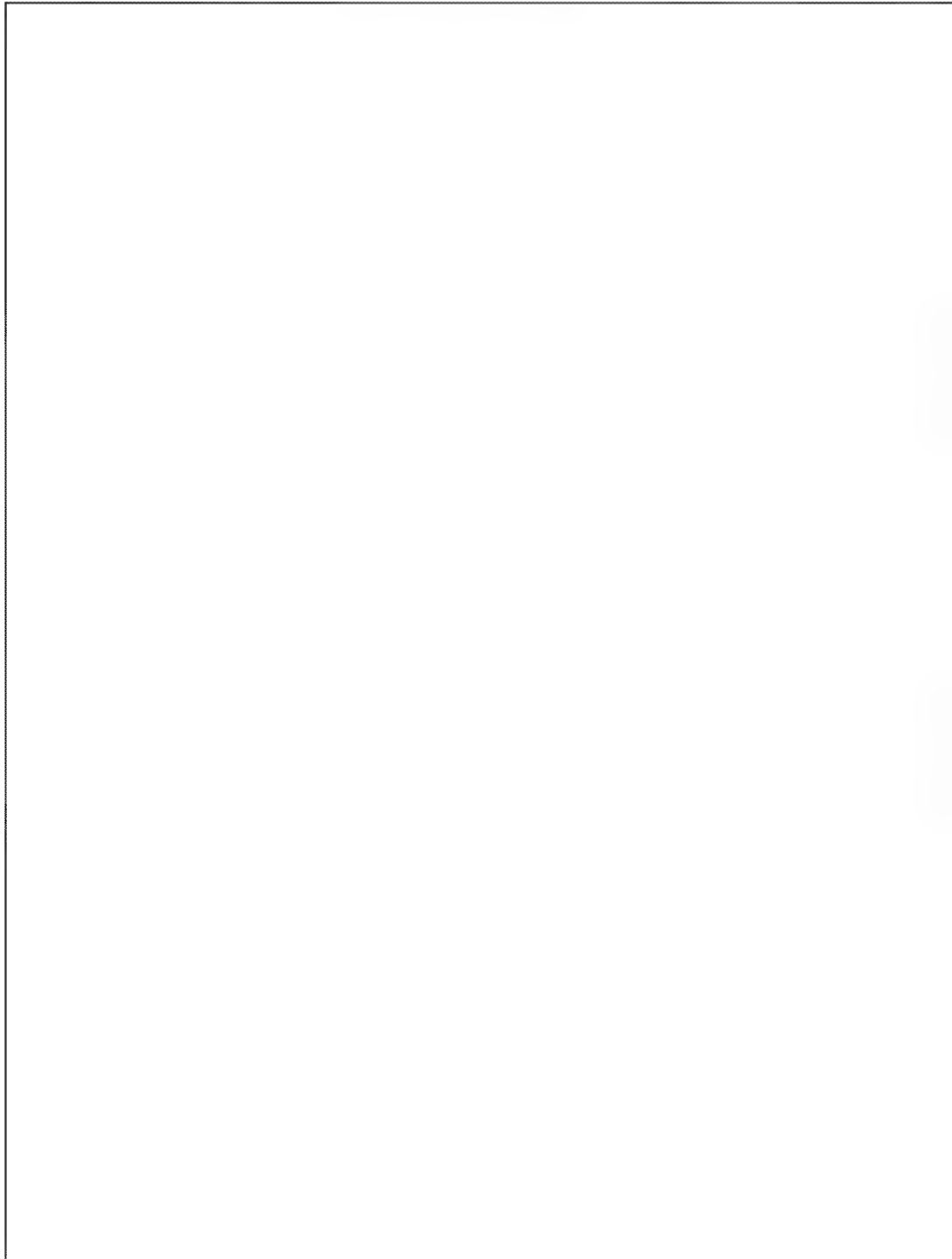
REVIEWED: _____

SECRET

SECRET

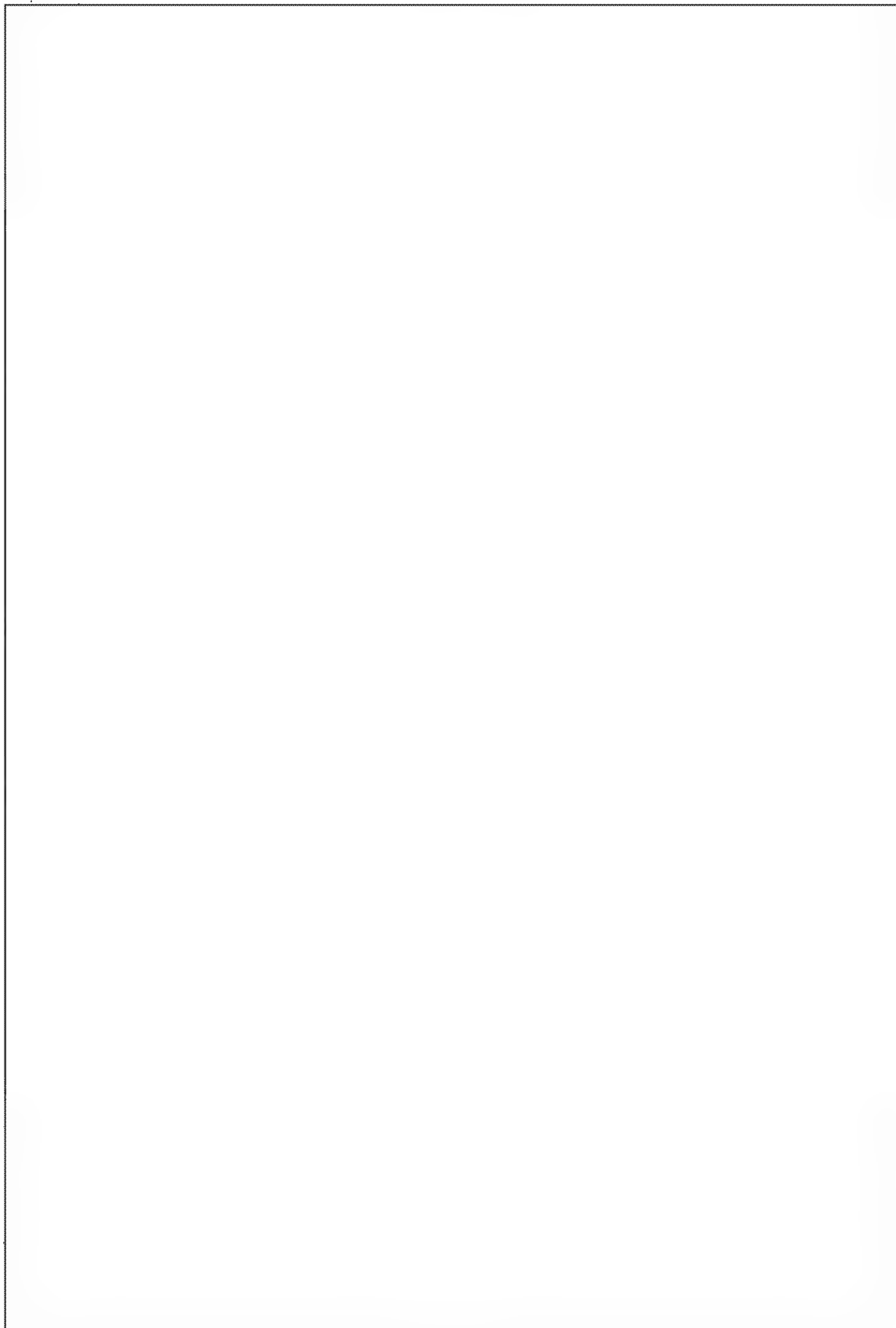
LETTER OF AUTHORIZATION FOR [REDACTED] (S)

EFFECTIVE 27 October 1955



SECRET

SECRET



SECRET

SECRET

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACKNOWLEDGED:



REVIEWED:



Chief, Military Personnel Division

SECRET

SECRET

10 April 1956

MEMORANDUM FOR THE RECORD

SUBJECT: CONEIN, Lucien - Major



SECRET

Support/VN

STANDARD FORM 52
 FORM 52 OF THE
 U. S. CIVIL SERVICE COMMISSION
 JUNE 1950 EDITION
 GSA GEN. REG. NO. 27
 (4-57)

REQUEST FOR PERSONNEL ACTION

CLASSIFICATION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Major Lucienne E. Corbin	2. DATE OF BIRTH 23 Nov. 1927	3. REQUEST NO.	4. DATE OF REQUEST 15 April 1966
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) REASSIGNMENT		6. EFFECTIVE DATE A. PROPOSED: 27 OCT 55	7. C. S. OR OTHER LEGAL AUTHORITY NY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: 6 Nov 55	

FROM: Area One Officer R. 101, 101A	TO: Ops Section R. 101, 101A
NEW FC Special Agent - Intelligence Station - Saigon, Vietnam	OLD FC Special Agent - Intelligence Station - Saigon, Vietnam
Hanoi, Vietnam	Field Term B Saigon, Vietnam
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL SDRP

10. REMARKS (Use reverse if necessary)
*** Subject could PCS Saigon on 27 OCT 55 (see OTC for 90 days prior to this date)
 RELOCATED EFFECTIVE DATE 24 OCTOBER 1955.**

To be completed 6 Nov 56

11. REQUESTED BY (Name and title) Major Lucienne E. Corbin	12. REQUEST APPROVED BY Major Lucienne E. Corbin
13. ADDITIONAL INFORMATION CALL (Name and telephone extension) Major Lucienne E. Corbin	14. TITLE Major

15. VETERAN PREFERENCE NONE <input type="checkbox"/> OTHER <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	16. POSTERIOR EDUCATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1A <input type="checkbox"/> OTHER <input type="checkbox"/>
--	---

17. APPROPRIATION FROM: 4-5-5-4-5-5-5-5 TO: 4-5-5-5	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---	--	---	---

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL SIGNATURE	DATE	REMARKS
A.			
B. CIVIL OR PCS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

23. APPROVED BY

SECRET

16 SEP 1955

MEMORANDUM FOR: Chief, FE

SUBJECT: Letter of Commendation - Major Lucien E. Conain



Attachment - Ltr from Sec of CG
dtd 11 Sep 55.

Ltr to S/A from
Lt Gen Cabell, dtd
27 Aug 55.

SECRET

VIA AIR
(Specify Air or Sea Route)

DISPATCH NO. EV 100

SECRET
CLASSIFICATION

TO Senior Representative, Indochina

DATE

FROM Chief, FE

SUBJECT **GENERAL** Administrative - Personnel
SPECIFIC Assignment of [REDACTED] and VILLIERS

REF: a. SAIG 2922
b. DIR 49205

1

2

3

4

SECRET
CLASSIFICATION

SECRET

~~FWIN-576~~
page 2

5.

6.

fl William F. Wynick
CHARLES F. WYNNICK

For the record, now!

WFTS

6 July 1954

15 May 1954

Distribution:

Addressee - Orig & 2

SECRET

CUMULATIVE TRAINING RECORD						DATE
NAME Lucien E. Conain (Major)						3 August 1955
PROJECTED PERSONNEL ACTION						
PROMOTION <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> OTHER (Specify)						
ROTATION <input type="checkbox"/> PROBATION <input type="checkbox"/>						
FROM Area Ops Off FE/Saigon, Major			TO: Area Ops Off FE/Haiphong Maj.			
EOD						
X	COURSE	DATE TAKEN	X	COURSE	DATE TAKEN	
	BASIC ORIENT. ALSO DIC, BITE, SSC, BIP, PH I			BIO OPS. 1 2 3 4 5		
	CLAND. M & T ALSO CC, PH II	August 51		MAP. OPS 1 2 3 4 5		
	CLAND. OPS. ALSO AIC, AITC, AOC, PAF, PH III	September 51		CLAND. OLD, ACT. 1 2 3 4 5 6		
	AF. OPS. PH I ALSO PH, PH II, PH III			SUGA BAL 1 2 3 4 5 6		
	CLAND. SERV. REV.			BASIC PHOTO		
	WORLD COMMUNISM			DISSEMINATION		
	ADM. COMM. OPS.			LOGS		
	ADMIN PROCEDURES			SECRET WRITING		
	OPS. SUPPORT			PLANS & SEALS		
	TRADECRAP PHASE			TRAIL. SHOT FAN.		
	ADMIN PHASE			OTHER TRAINING		
	REPORTS				September 51	
	ORDER OF BATTLE			NIG		
	COUNTERESPIONAGE					
	ADV. COUNTER- ESPIONAGE					
	OPS. SECURITY					
	PAI PLANS					
	PAI OPS.					
	PAI PLANS OPS.					
	TECH. OPS.					
	TECH. TECH.					
	TECH. ON ESCAPE					
	TECH. OPS.					
	TECH. TECH. ALSO ON TECH.					
	OPS. & PLANNING					
	OPS. IMPROV.					
	OPS. OPS.					
	OPS. COMBAT					
	OPS. OPS.					
DIVISION TRAINING OFFICER						
STAFF TRAINING OFFICER						
FROM: Career Management Officer						
<p>I have projected personnel action and been <input type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional action as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.</p> <p>Please schedule these courses as soon as possible through your Division Training Officer or will coordinate with the Senior Staff Training Officer.</p>						
SIGNATURE OF CAREER MANAGEMENT OFFICER						

SECRET

276

CLASSIFIED MESSAGE

DATE : 29 JUL 55

S-E-C-R-E-T

1	2	3	4	5	6
UN/SAIG	UN/SAIG	UN/SAIG	UN/SAIG	UN/SAIG	UN/SAIG
UN/SAIG	UN/SAIG	UN/SAIG	UN/SAIG	UN/SAIG	UN/SAIG

TO : DIRECTOR

FROM : SAIGON

JUL 30 1955

ACTION: FE 7

INFO : FI/RI 2, SSA, FD 3, OL/TO 2, OP 2, S/C 2

SAIG 7807 (IN 30141)

1657Z 29 JUL 55

ROUTINE

PRECEDENCE

CITE: SAIG

TO: DIR

--

END OF MESSAGE

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

COPY NO.

CLASSIFIED MESSAGE

DATE : 19 JUNE 1955

SECRET

1	2	3	4	5	6
Ch	Ch	Ch	Ch	Ch	Ch
Ch	Ch	Ch	Ch	Ch	Ch

TO : DIRECTOR

FROM : SAIGON

ACTION: FE 7 JUN 20 1955

INFO : FI/ADMIN, FI/RI 2, PP 2, PP/OPS, SSA, FD 4, OL/TD 2, OP 3, S/C

SAIG 7344 (IN 15400)

0308Z 20 JUN '55

ROUTINE

PRIORITY

END OF MESSAGE

SECRET

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

Copy No.

STANDARD FORM 52
FORM 52, 1952 EDITION
U. S. GOVERNMENT PRINTING OFFICE
JAN 50: 700 000 000 000
REMARKS, CHIEF OF

SECRET

UNVOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Major Lucian R. CONKIN	2. DATE OF BIRTH 29 Nov. 1919	3. REQUEST NO.	4. DATE OF REQUEST 1 Dec. 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED: JAN 2 1955	

A. REMARKS (Use reverse if necessary)

No fitness report necessary as subject's supervisor remains the same.

B. REQUESTED BY (Name and title)

C. REQUEST APPROVED BY

13. VETERAN'S PREPAREDNESS

14. POSITION CLASSIFICATION ACTION

NONE	WHITE	OTHER	5 PT	13 POINT
				DISAB. OTHER

NEW	YEA	I A	REAL
-----	-----	-----	------

15. SEX	16. RACE	17. APPROPRIATION
		FROM
		TO: 5-3725-55-033

18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)

19. DATE OF AFFIDAVIT OF ALLEGIANCE (ACCESSORIES ONLY)
--

20. LEGAL RESIDENCE
<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CERL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENCL.			
E.			

F. APPROVED BY *Stanley T. Carter*

J. A. LIPP
CAI, ASS

SECRET

Concise

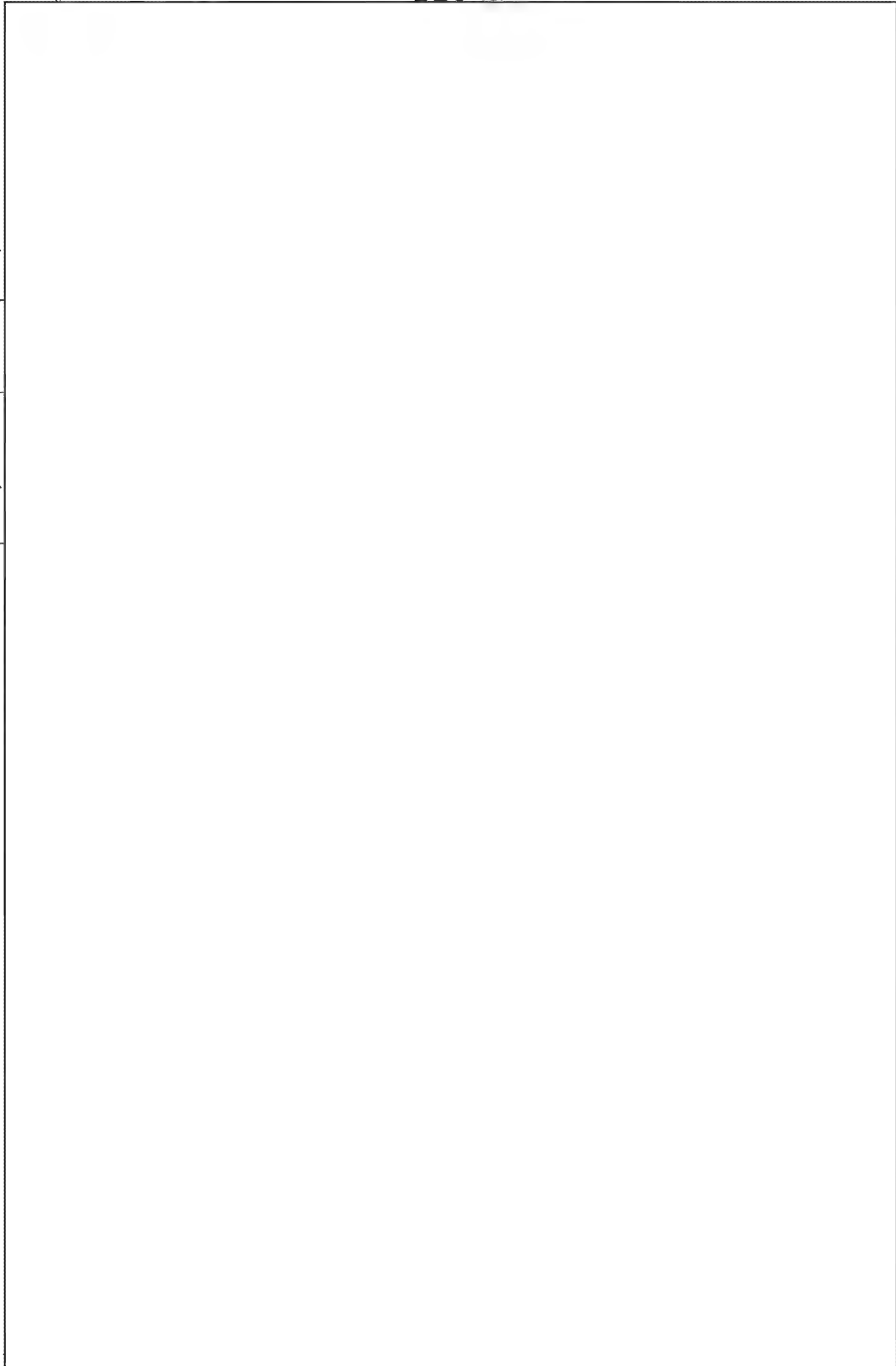
LETTER OF AUTHORIZATION FOR ~~XXXXXXXXXXXXXXXXXXXX~~

(P)



SECRET

SECRET



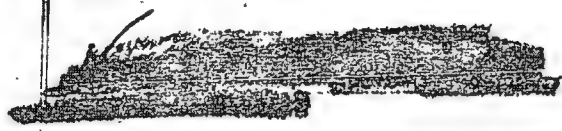
SECRET

SECRET


UNITED STATES OF AMERICA

BY _____
Contracting Officer

ACKNOWLEDGED:



REVIEWED:

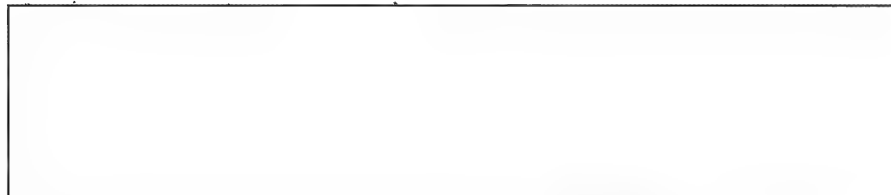


Chief of Military Personnel

SECRET

11 December 1953

MEMORANDUM FOR: Mr. John H. Richardson
FROM: Major Lucien E. Conein



Lucien Conein

Attachment.

11 December 1953

Dear Dick,

You will recall that it was my intention in 1951 to civilianize and assume a staff position upon my return from Germany. Since my return last August, however, I have decided to return to the Army and, accordingly, I signed a statement of category to this effect on 1 December 1953.

This decision is in no way a reflection on you or members of your staff but rather recognition that I cannot afford to civilianize due to my personal obligations. I intend to inform John Richardson of my action at the same time you receive this letter.

Since I am at present holding a slot, I think it is only fair to all concerned to have it filled by a qualified person before my departure.

I want to thank you and Gordon for the trust you have given me in the past. You may rest assured that I will always be glad to be of service to the Agency in the military if the need should ever arise.

Yours truly,

14-000

Language Ability:		Competence (R-Read; W-Write; S-Speak)			How Acquired (Reside, Native, Contact, Study)
Language	Native	Fluent	Research	Travel	Limited
1. <u>French</u>		<u>S.R.W.</u>			<u>NATIVE</u>
2. _____					
3. _____					

Employment History (Major Time Periods Only)

<u>Employer or Firm</u>	<u>Location</u>	<u>Job Description or Duties</u>	<u>Inclusive Dates</u>
1 <u>IBM Company</u>		<u>Training, Press Man, Type Set-Up</u>	<u>1935-1940</u>
2 _____			
3 _____			
4 _____			
5 _____			

Martial Status Married (divorced 1 time) Date of Marriage 22 Mar 1964 Place of Marriage Dillon, SC

<u>Parents Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Citizenship</u>	<u>Present Address</u>
1. <u>JOSEPH R</u>	<u>1 JAN 21</u>	<u>Wife</u>	<u>USA (NAT)</u>	
2. <u>JOHN P</u>	<u>11 APR 54</u>	<u>Son</u>	<u>USA</u>	
3. <u>Philippe</u>	<u>16 NOV 59</u>	<u>Son</u>	<u>USA</u>	
4. <u>DIANE D MARRAS</u>	<u>24 APR 54</u>	<u>Veber Dec 47, PARIS, FRANCE</u>		
5. <u>DIVORCED CAROL V WIL</u>	<u>26 MAR 57</u>	<u>WYANDOTTE COUNTY, KANSAS</u>		
6. <u>CHARLES M COBBIN</u>	<u>30 MAR 50</u>	<u>Son</u>	<u>USA</u>	<u>4831 KENNEDY AVE, VA</u>
7.				

Permanent Address & Phone 1405 N 10th St KANSAS CITY, KANSAS

Alternate Address & Phone MR & STELLA CONNIN 150 MONTEREY ST. BRISBANE, CALIF - 141426

Name (P)	True Name CONNOR, LUCIAN E.
----------	-----------------------------

Special Qualifications(Pilot, Code radio operator, SCUBA Diver, etc.)

<u>Skill or Hobby</u>	<u>Proficiency</u>	<u>Skill or Hobby</u>	<u>Proficiency</u>
1 <u>FREE ENGL PRGHT</u>	<u>Good</u>	2 _____	_____
3 _____	_____	4 _____	_____

Operational or Combat Experience (W.W.II, Korea, Laos, Viet Nam, Other)

<u>Theater, Region, or Country</u>	<u>Time period</u>	<u>Assignments or Duties (Plat Ldr; Case Off; etc)</u>
1. <u>FRANC. 1944-45</u>	<u>11-11-44 - 1-1-45</u>	<u>Plat Ldr, 1st Platoon, 1st Battalion, 1st Infantry Division, 1st Cavalry Division, 1st Cavalry Division, 1st Cavalry Division</u>
2. <u>GERMANY</u>	<u>1-1-45 - 1-1-45</u>	<u>Plat Ldr, 1st Platoon, 1st Battalion, 1st Infantry Division, 1st Cavalry Division, 1st Cavalry Division, 1st Cavalry Division</u>
3. <u>FRANC. 1945-46</u>	<u>1-1-45 - 1-1-46</u>	<u>Plat Ldr, 1st Platoon, 1st Battalion, 1st Infantry Division, 1st Cavalry Division, 1st Cavalry Division, 1st Cavalry Division</u>

Military Service: Component *U.S. Army* Branch *Inf* Date entry on Active Duty *27 May 41*

Total Period Active Duty 20 Rank when separated LTJG Current Status Retired

Major Military Schools attended

Type School & Name & Length	Date Completed	Duties (or Position) & Time Period	Country
1 QCS Ft. Monmouth (4 mo)	Jul 43	1st Lt. - 1st SS, 5th Div, 1st Inf, 1st Bn	USA
2 Special Warfare (6 week)	Dec 53	2nd Lt. - 1st SS, 5th Div, 1st Inf, 1st Bn	USA
3		3rd Lt. - 1st SS, 5th Div, 1st Inf, 1st Bn	USA

Agency Service: Date entry active duty Sept 61 Type employment Regular Agent - 26 J 26 L

Agency Training

Type Training	Period	Date completed	Duties	Time Period	Country (a)
FL OPS		Oct 53	1 FL OPS	11/46 - 11/53	China
RTA 1st AM, 8th AM	Oct 53	Aug & Sept 54	2 RTA 1st AM, 8th AM	11/53 - 11/54	China
			3 RTA 1st AM, 8th AM	11/54 - 11/55	China
			4 RTA 1st AM, 8th AM	11/55 - 11/56	China
			5 RTA 1st AM, 8th AM	11/56 - 11/57	China

Education: Highest level & date attained 77 HSUN 6.11.62 Citizenship 1.5 MAR 53.6522

Date of Birth Nov 19 Place of Birth PHILIPPINES
Date Available for Assignment Nov 19

Special Agent [redacted]

Name	Current Assignment
------	--------------------

SECRET
(When Filled In)

BIOGRAPHIC PROFILE (PART I)						
1. PERS. SERIAL NO.						
2. NAME (Last-First-Middle)		3. SER.	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE		
Conelin, Lucien E.		M	29 Nov 1919			
6. MARITAL STATUS	7. DEPENDENT(S) (Exclud. em- ployee)	8. NO.	9. YEAR(S) OF BIRTH	10. US NATURALIZATION DATE(S)		
Married		4	29, 50, 58, 59			
11. CAREER STAFF STATUS	12. MEMBERSHIP	13. OTHER STATUS		14. LAST MED. RPT. QUAL. FOR	15. EVAL. FOR	
		contract nt				
16. CURRENT RESERVE STATUS	17. NONE SERVICE	18. GRADE	19. ACTIVE DUTY WITH CIA CAT. -1	20. RELEASE TO MIL. SER. CAT. -2	21. TO BE DEFERRED CAT. -3	22. RETIRED
23. ASSESSMENT DATE		24. PROFESSIONAL TEST DATE		25. LANGUAGE APTITUDE TEST DATE		
26. NON-CIA EMPLOYMENT						
27. NON-CIA EDUCATION						
High School, did not graduate 1949-53, Univ of Maryland, 77 sem hours						
28. FOREIGN LANGUAGE ABILITIES (Language, Profi- ciency, Date Tested)		French - fluent				
29. AGENCY SPONSORED TRAINING						
1951 - Operations training						
30. CIA EMPLOYMENT HISTORY SINCE 18 SEP 1947 (Personnel Actions, Military Orders, and Principal Details)						
31. EFFECTIVE DATE	32. POSITION TITLE & OCCUPATIONAL CODE	33. GRADE	34. SER.	35. ORGANIZATION & CHAIN OF TITLE (If any)		36. LOCATION
Nov 1961	Career agent PROPS	13		DDP/SOD		Hqs
Jan 1962	" " "	13		DDP/FE		Saigon
Apr 1963	" " "	14		" "		"
37. DATE REVIEWED						
Dec 1966						
38. PROFILE REVIEWED BY						
SOD/Pers/NTC						
39. ITEMS 1-10 REVIEWED BY						
VERIFIED BY EMPLOYEE						

SECRET

BIOGRAPHIC PROFILE

Conein, Lucien E.

DOB: 29 November 1919

Married: Three sons, born 1950, 1958, 1959

Naturalized U.S. Citizen, 11 Aug 1942 (Formerly French Citizen)

EOD: 12 November 1961

Current Reserve Status: U.S. Army Retired Reserves

Non-CIA Employment:

1935-1940 - Printing, Pressman and Typesetter, F.R. Buckley
Sept 1941 - Sept 1961 - U.S. Army, Lt./Col., Infantry

Non-CIA Education and Training

Mar-April 1943 - OCS, Ft. Benning, Ga.
Nov 1943 - Mar 1944 - British Airborne School
1949-1953 - University of Maryland, Mil. Science 77 Sem/hrs.
1956 - Special Warfare School, Ft. Dragg, N.C.

Foreign Languages:

French-Fluent-Native of Country

Agency Sponsored Training:

Paramilitary Training

CIA Employment:

July 43-Dec 1945 - OSS-Special Mission to France and Indochina
Jan 46-Jan 1951 - CIA Mission to Germany
Nov 51-May 1952 - CIA-Chief of Nuernberg Operations Base
1954-1956 - Detailed to CIA-Saigon Military Mission
12 Nov 1961 - EOD as Career Agent
19 Mar 1963 - Promoted to GS-14 step two equivalent

Special Qualifications:

Served as Military Liaison to J-2 SCS, Iranian Army
1959-1961

SECRET